

Affirmative Action Data Record

Applicants and employees are treated without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the below information. The completion of this Data Record is optional. If you choose to volunteer the below requested information, please note that all Data Records are kept in a Confidential File and are not part of your Application of Employment or Personnel File. Your cooperation is voluntary and **inclusion or exclusion of any data will not affect any employment decisions.**

Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)			Social Security Number

Please Complete the Sections Below	
1	Position Applied For:
2	Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female
3	Check One Of The Following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
4	Check Any Of The Following That Are Applicable: <input type="checkbox"/> Vietnam Era Vet <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Disabled Individual

Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected status.

Position Applied for:			
How Did You Learn About Us?			
<input type="checkbox"/> Government Agency	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend _____	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Other	<input type="checkbox"/> Relative _____	
Last Name	First Name	Middle Name	
Street Address	City	State	Zip Code
Telephone Number(s)		Social Security Number	

Are you over the age of 18 years? Yes No
(If no, you may be required to provide authorization to work.)

Have you ever filed an application with us before? Yes No
If yes, give date: _____

Have you ever been employed with this company before? Yes No
If yes, when/where: _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Wage desired? _____

Are you legally eligible to be employed in the United States Yes No
(Proof of identity and eligibility will be required upon employment)

When are you available to begin work? _____

Are you available to work: Full Time Part Time Shift Work
 Days Nights

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment

If yes, please explain including dates and nature of conviction: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Employment Experience

Begin with most recent employment [1] and continue with **all** past employment for past 10 years.

Attach additional sheets if necessary.

Please indicate if your name was different during employment _____

Employer		Address			
Telephone Number(s)		Job Title		Supervisor	
Work Performed					
Reason for Leaving					
Dates	From:	To:	Hourly Rate	Starting:	Final:
Employed			Salary	Starting:	Final:

Please indicate if your name was different during employment _____

Employer		Address			
Telephone Number(s)		Job Title		Supervisor	
Work Performed					
Reason for Leaving					
Dates	From:	To:	Hourly Rate	Starting:	Final:
Employed			Salary	Starting:	Final:

Please indicate if your name was different during employment _____

Employer		Address			
Telephone Number(s)		Job Title		Supervisor	
Work Performed					
Reason for Leaving					
Dates	From:	To:	Hourly Rate	Starting:	Final:
Employed			Salary	Starting:	Final:

Please indicate if your name was different during employment _____

Employer		Address			
Telephone Number(s)		Job Title		Supervisor	
Work Performed					
Reason for Leaving					
Dates	From:	To:	Hourly Rate	Starting:	Final:
Employed			Salary	Starting:	Final:

List professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Education

High School

Name of school	Location	Received:
		__ Diploma __ Other (specify) _____ __ None
Your name if different while attending school:		

College, University or Professional School

Name of school	Location	Dates of Attendance (month/year)
Major/Minor Course of Study	Type of Degree Earned	
Your name if different while attending school:		

Name of school	Location	Dates of Attendance (month/year)
Major/Minor Course of Study	Type of Degree Earned	
Your name if different while attending school:		

Name of school	Location	Dates of Attendance (month/year)
Major/Minor Course of Study	Type of Degree Earned	
Your name if different while attending school:		

Indicate any foreign languages you can speak, read and/or write

	Speak	Read	Write
Fluent			
Well			

To your knowledge, are any of your relatives employed by this company? Yes No

If yes, please list name and department: _____

Additional Information

Other Information

Summarize special job-related skills and qualifications acquired from employment. Please indicate any prior military training which you would like considered in connection with your application for employment.

Specialized Skills	Check Skills/Equipment Operated		
<input type="checkbox"/> Windows	<input type="checkbox"/> Fax	<input type="checkbox"/> Forklift/Overhead Crane	<input type="checkbox"/> Read Blueprints
<input type="checkbox"/> Switchboard	<input type="checkbox"/> Excel	<input type="checkbox"/> Shear/Break/Drill Press	Other (list):
<input type="checkbox"/> Calculator	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Wire Drive Welding Machine	_____
<input type="checkbox"/> 10 Key by-touch	<input type="checkbox"/> Word	<input type="checkbox"/> CNC Equipment	_____

State any additional information you feel may be helpful to us in considering your application.

Can you perform the essential functions of the position for which you are applying. (If you have any questions as to what functions are applicable to the position for which you are applying, please ask interviewer before you answer this question. Yes No

References Give three individuals (not relatives or employers)

1.		
	(Name)	Phone #
	(Address)	
2.		
	(Name)	Phone #
	(Address)	
3.		
	(Name)	Phone #
	(Address)	

Applicant's Statement

Please read before signing.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Questions regarding this statement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of the company to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, expunged juvenile records, or pregnancy, and to afford equal opportunities to disabled veterans, veterans of the Vietnam era, and individuals with a disability, and any other characteristic protected by Federal, State or Local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

If hired, I agree to abide by all of the company rules and regulations, and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the company or me, I further understand that no representation, whether oral or written by any representative or agent of the company, at any time, can constitute a contract of employment. I understand that the company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the company, has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the President, or to make any agreement contrary to the foregoing.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

Signature of Applicant

Date

Printed Full Name

For Personnel Department Use Only

Arrange Interview Yes No

Remarks _____

Interviewer _____ Date _____

Employed Yes No Date of Employment: _____

Rehire Yes No

Position: _____ Hourly Rate _____ Salary _____ Department _____

By: _____
Name and Title _____ Date _____

Badge # _____ Employee # _____ Shift: Day _____ Different

Worker's Comp Code _____ Rate _____ Night _____

I.F.A. OK Remarks _____

EEO Code _____ Category Code _____

Director of Human Resources' Approval _____
Signature _____ Date _____

General Shop Manager/Department Manager's Approval _____
Signature _____ Date _____

Production Bonus: Effective _____ Entered _____
Vacation: Effective _____ Entered _____
Hourly Recap/IP: Entered _____
Kronos: Entered _____
ADP: Entered _____