

Employment History (List in order, last or current employer first. Account for any gaps in your employment.)

DATES EMPLOYED:		Employer:	Employer Phone #:
From:	To:		
		Employer Address:	()
RATE OF PAY:		POSITIONS HELD:	
Start:	End:	Starting Position:	Ending Position:
Supervisor's Name:		Summarize the type of work performed as well as the job responsibilities of your ending position:	
May we contact for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Period of unemployment from _____ to _____. Please explain: _____

DATES EMPLOYED:		Employer:	Employer Phone #:
From:	To:		
		Employer Address:	()
RATE OF PAY:		POSITIONS HELD:	
Start:	End:	Starting Position:	Ending Position:
Supervisor's Name:		Summarize the type of work performed as well as the job responsibilities of your ending position:	
May we contact for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Period of unemployment from _____ to _____. Please explain: _____

DATES EMPLOYED:		Employer:	Employer Phone #:
From:	To:		
		Employer Address:	()
RATE OF PAY:		POSITIONS HELD:	
Start:	End:	Starting Position:	Ending Position:
Supervisor's Name:		Summarize the type of work performed as well as the job responsibilities of your ending position:	
May we contact for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for Leaving:			

Period of unemployment from _____ to _____. Please explain: _____

Employment History (continued):

DATES EMPLOYED:		Employer:	Employer Phone #:	
From:	To:		()	
		Employer Address:		()
RATE OF PAY:		POSITIONS HELD:		
Start:	End:	Starting Position:		Ending Position:
Supervisor's Name:		Summarize the type of work performed as well as the job responsibilities of your ending position:		
May we contact for reference?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Reason for Leaving:				

Education and Training: (Begin with high school.)

High School:		High School Address:		
Course of Study:	Number of Years Completed:	Did you graduate?	Diploma or degree received:	

College or Trade School:		Address:		
Course of Study:	Number of Years Completed:	Did you graduate?	Diploma or degree received:	

College or Trade School:		Address:		
Course of Study:	Number of Years Completed:	Did you graduate?	Diploma or degree received:	

References: (List names and telephone numbers of three business/work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.)

NAME	RELATIONSHIP	TELEPHONE NUMBER	# of Years Known
		()	
		()	
		()	

Additional Information: (List professional, trade, business or civic associations and any offices held. EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE, NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.)

ORGANIZATION	OFFICES HELD

Additional Information (continued):

Why do you want to work for Kinetic Die Casting?	Please tell us about yourself and any skills that you have that would contribute to the success of Kinetic Die Casting.
What qualities do you look for in an employer?	Of all the jobs you have held, what was your favorite job? Why?
Is there anything else you would like to tell us about yourself?	

Please read the following statements carefully before signing:

I understand and agree that:

1. The information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification of refusal of employment, or, if employed, termination from Kinetic Die Casting's employ.
2. Any offer of employment I may receive from Kinetic Die Casting is contingent upon my successful completion of the company's total pre-employment screening process, including the company's receiving references that it considers satisfactory, and my satisfactory completion of any post-offer pre-employment medical examination that the company may require. I also agree, if employed, to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical exams I may be required to take disclosed to Kinetic Die Casting.
3. I understand that as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the discretion of Kinetic Die Casting. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to Kinetic Die Casting.
4. I authorize and request that all of my present and former employers and those individuals I have listed as personal references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment, hereby releasing them from any and all liability for damages arising from furnishing the requested information.
5. In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself. I further understand that no manager or representative of the company, other than the President or Human Resources Manager has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to the foregoing. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by me and by one of the individuals designated above.

I have read and understand the above. My signature gives my consent to these statements.

Signature: _____

Date: _____

PLEASE NOTE: This application will be actively considered for a period of three (3) months. Individuals who wish to be considered for employment beyond the three (3) month "active consideration" period will need to submit a new application.

