



Kinetic Die Casting, Inc.

PLEASE PRINT LEGIBLY

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Kinetic Die Casting considers all applicants for employment without regard to race, color, religion, sex, national origin, age, handicap or disability, or status as a Vietnam-era or special disabled veteran in accordance with federal law. In addition, Kinetic Die Casting complies with applicable state and local laws prohibiting discrimination in employment in every jurisdiction in which it maintains facilities. Kinetic Die Casting also provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state and local laws.

Position applying for: _____ Date: _____

Salary desired: _____ Regular full-time or part-time work? _____

Are you available for: Work on weekends? _____ Overtime work? _____ Any shift? _____

Name: _____

Address: _____ Phone Number: () _____

City, State, Zip: _____ Referred by: _____

Personal Information

Have you ever applied to or worked for Kinetic Die Casting before? Yes No If yes, when? _____

Do you have any friends or relatives working for Kinetic Die Casting? Yes No If yes, state name(s) and relationship: _____

If hired, will you have a reliable means of transportation to and from work? Yes No

Are you at least 18 years old? (If under 18, a valid work permit is required.) Yes No

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? (Convictions for marijuana-related offenses that are more than two years old need not be listed.) Yes No

If yes, state nature of the crime(s), when and where convicted and disposition of the case: _____

(NOTE: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

Are you currently employed? Yes No If so, may we contact your current employer? Yes No

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.



Required Information:

Name _____ Date of Application _____
Position(s) for which you are applying _____

How did you learn about this job opportunity?

- Help Wanted Ad, State Employment Service, Walk-In, Employment Agency, Referred by Company Employee, Other

Requested Information:

We are an affirmative action government contractor. To comply with government regulations, we must track the number of our applicants by gender, race/ethnicity, and position for which applied.

This section is voluntary. You are not required to provide this information. Your application for employment will be considered in the same manner whether or not you provide this information.

Gender Race/Ethnic Group (as defined by the Equal Employment Opportunity Commission)

- Male, Female, White, Black, Hispanic, Asian or Pacific Islander, American Indian or Alaskan Native

I do not wish to provide this information.

DISCLOSURE and AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with **Kinetic Die Casting**, (herein "Company") or if employed, I understand that prior to or at any time after my employment commences a consumer report may be requested for employment purposes from **InfoLink Screening Services, Inc.**, (herein: "InfoLink") from public records including; but not limited to, Social Security number, motor vehicle operation history/driving records, workers' compensation information and criminal history to the extent permitted by law from various local, state, and federal agencies. Further, I understand that an Experian Employment Insight Report, Trans Union Employment Credit Report or Equifax Persona report may be requested. Finally, I understand that an Investigative Consumer Report may be requested and, as required under §606(a)(1) of the federal Fair Credit Reporting Act (FCRA), 15 U.S.C. §1681 et seq., I understand that this Report will include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance, experience, along with reasons for termination of past employment, whichever are applicable, obtained through personal interviews with associates who have knowledge concerning such items of information.

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER OR SUPERVISOR, COLLEGE OR UNIVERSITY OR OTHER INSTITUTION OF LEARNING, ADMINISTRATOR, LAW ENFORCEMENT AGENCY, STATE AGENCY, LOCAL AGENCY, FEDERAL AGENCY, CREDIT BUREAU, PRIVATE BUSINESS, MILITARY BRANCH OR THE NATIONAL PERSONNEL RECORDS CENTER, PERSONAL REFERENCE, AND/OR OTHER PERSONS TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, MOTOR VEHICLE HISTORY, SOCIAL SECURITY NUMBER, EARNINGS HISTORY, CHARACTER, AND EMPLOYMENT (INCLUDING REASONS FOR TERMINATION), CREDIT HISTORY, CREDIT CAPACITY, OR CREDIT STANDING OR ANY OTHER INFORMATION REQUESTED BY INFOLINK DEEMED PERTINENT TO MY EMPLOYMENT.

In accordance with the FCRA and applicable state laws, I understand that I have the right to request a complete and accurate disclosure of the nature and scope of the investigation requested. Further, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Reporting Agency. If so, I will be so advised in writing and be given the name, address and toll free number of the agency, a statement that the action was based in whole or in part on information contained in the Report, and written notice that I have the right (i) if I request, to obtain within sixty days a free copy of the Report from the Reporting Agency (under no circumstances shall such cost exceed the actual costs of duplication), and from any other Consumer Reporting Agency which compiles and maintains files on consumers on a nationwide basis; and, (ii) to dispute the accuracy or completeness of any information in a consumer report furnished by the Reporting Agency. I understand that upon my request with reasonable notice and after furnishing proper identification, InfoLink's trained personnel will provide me with investigative information in my file during normal business hours in person or upon written request, by certified mail to a specified addressee, or telephone as permitted by law. Further, I understand that should I wish to review my file in person; I am permitted to be accompanied by one other person of my choosing who shall furnish reasonable identification and if requested, InfoLink will provide a written explanation of any coded information contained in my file. I understand that InfoLink is a Consumer Reporting Agency and it is InfoLink's policy to not be involved in or make hiring decisions or recommendation.

InfoLink's privacy policy limits the information it provides to the Company named herein, however I hereby authorize the Company to share such information with parties in interest who have a "need to know" such information to protect them and their employees. InfoLink does not sell or otherwise provide any of the information found in its background investigations to any other party other than the Company.

I understand that any consumer report or investigative consumer report requested will be used strictly for employment purposes as defined under §603(h) and authorized under §604(a)(3)(B) of the Fair Credit Reporting Act, as a report to be used for the purpose of evaluation for employment, promotion, reassignment or retention as an employee. I further understand and consent to the furnishing of workers' compensation information, after a conditional job offer, which may include my medical information including any and all injuries pursuant to state law and in compliance with the Federal Americans with Disabilities Act. In addition, I understand that any offer of employment, promotion, reassignment or retention will be conditional upon the receipt of satisfactory information as required by the Company, and that to be considered for employment, promotion, reassignment or retention, I must authorize the procurement of such report(s). A photographic or faxed copy of this form shall be as valid as the original.

The following must be filled out completely and signed for your application to be considered
(Please print)

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SOCIAL SECURITY NUMBER _____ DRIVER'S LICENSE NUMBER or STATE ID # _____ STATE ISSUED _____ E-MAIL ADDRESS _____

FOR IDENTIFICATION PURPOSES, PLEASE PROVIDE: FULL DATE OF BIRTH _____

HAVE YOU USED ANY NAMES OR SOCIAL SECURITY NUMBERS OTHER THAN ABOVE? Yes No

Please List Other Names Used _____ Please List Other SS Number Used _____

(Please sign)

Signature Authorizing the Procurement of the Consumer Report and/or Investigative Consumer Report

TODAY'S DATE _____

I understand that in California, Minnesota, or Oklahoma if a Consumer Report/Investigative Consumer Report (including any Credit Report) was requested, I may order a copy of such report and it will be mailed to me: Yes, please send me a copy of my Report



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Company I.D.