

Employment Application

Anderson Machining Service, Inc.

Office Use Only	
Start Date _____	Rate \$ _____
Classification _____	Shift _____
Employee ID # _____	

All individuals considered for employment are evaluated without regard to race, color, religion, gender, national origin, age, marital or veteran status, the presence of a non-job related handicap or any other legally protected status.

Personal	Last Name _____	First Name _____	Middle Initial _____	Today's Date _____	
	Street Address _____			Home Phone Number _____	
	City _____	State _____	Zip Code _____	Social Security Number _____	
	Shift Willing to Work 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/>		Will you work a flexible schedule? Yes <input type="checkbox"/> No <input type="checkbox"/>		E-mail Address _____
	Position Desired: Machinist <input type="checkbox"/> Machinist Trainee <input type="checkbox"/> Office/Other <input type="checkbox"/> Other <input type="checkbox"/> (Please Specify) _____			Pay Expected \$ _____ /hour	
	Driver's License Number _____	State _____	Expiration _____	Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Date Available for Work _____			Are you eligible for employment? Yes <input type="checkbox"/> No <input type="checkbox"/>	

Education	Name and Location of School _____	Course of Study _____	Degree/Diploma _____	Years Completed _____	Favorite Subject _____	Grade Point Avg _____
	High School _____	_____	_____	_____	_____	_____
	Other _____	_____	_____	_____	_____	_____
	What is the highest level of Math class you completed? _____					

Training	Are you able to read Blueprints? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you able to read Micrometers? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you able to read Bore Gages? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you run a CNC Machine? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify. _____		
	Describe your level of computer proficiency: _____		
	List any professional, technical, or other training relative to the type of employment sought. _____		

Other	Are you able to meet the attendance requirements of the position, including occasional overtime? Yes <input type="checkbox"/> No <input type="checkbox"/>
	How many days of work have you missed in the last year for reasons other than FMLA, worker's compensation, holidays or vacation? _____
	Do you have any friends or relatives working here? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name: _____
	Are you willing to submit to a physical, including a drug test, as an employment condition? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you have any weight lifting restrictions? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____
	Do you have any limitations which make it difficult for you to perform repetitious tasks? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain: _____
	Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> Conviction will not necessarily be a bar to employment. If yes, please explain: _____
	How did you find out about this employment opportunity? _____

An Equal Opportunity Employer

Employment History

Please list previous employment beginning with the most current position held.

1	Company Name	Address
	Supervisor	Phone Number
	Summarize the nature of work performed and job responsibilities.	Job Title
	Starting rate per hour Final rate per hour	Start date - End date (month and year) -
	Reason for leaving	
	If this is your current employer, may we contact them? Yes <input type="checkbox"/> No <input type="checkbox"/>	
2	Company Name	Address
	Supervisor	Phone Number
	Summarize the nature of work performed and job responsibilities.	Job Title
	Starting rate per hour Final rate per hour	Start date - End date (month and year) -
	Reason for leaving	
3	Company Name	Address
	Supervisor	Phone Number
	Summarize the nature of work performed and job responsibilities.	Job Title
	Starting rate per hour Final rate per hour	Start date - End date (month and year) -
	Reason for leaving	
4	Company Name	Address
	Supervisor	Phone Number
	Summarize the nature of work performed and job responsibilities.	Job Title
	Starting rate per hour Final rate per hour	Start date - End date (month and year) -
	Reason for leaving	

*By signing this application, I am giving permission for **Anderson Machining Service, Inc.** to check my references and the validity of everything contained on this application. I understand that false or misleading information given on my application or interview(s) may result in discharge. I agree to abide by all **Anderson Machining Service, Inc.** policies.*

Signature

Date