

APPLICATION FOR EMPLOYMENT



513-851-2828 Phone
513-851-4444 Fax
www.faxon-machining.com

GENERAL INFORMATION

Name (Last)	First Name	Middle Initial	Home Telephone () -
Address (Current)	City	State	Zip Code () -
Email Address (optional)		Are you legally entitled to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	

POSITION

Position or Type of Employment Desired:	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary	Shift Preference: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3 rd
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a felony? (if yes please explain/list dates): _____	Desired Pay rate:	Available start date:
Ever applied to this company before: <input type="checkbox"/> Yes <input type="checkbox"/> No	When: _____	
Ever worked for this company before: <input type="checkbox"/> Yes <input type="checkbox"/> No	When (list dates): _____	
Name of last supervisor at this company:	Shift worked: _____	
Reason for Leaving: _____ _____		
How did you hear about our company:		
<input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertising <input type="checkbox"/> Friend <input type="checkbox"/> State Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk In <input type="checkbox"/> Other		

EDUCATION AND TRAINING (Most recent first)

Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From: _____	<input type="checkbox"/> Yes		
	To: _____	<input type="checkbox"/> No		
	From: _____	<input type="checkbox"/> Yes		
	To: _____	<input type="checkbox"/> No		
	From: _____	<input type="checkbox"/> Yes		
	To: _____	<input type="checkbox"/> No		

SPECIAL SKILLS (List all pertinent skills and equipment that you can operate)

WORK EXPERIENCE (Most Recent First - Include voluntary work and military experience)

Employer:	Telephone Number () -	From (MM/DD/YYYY)
Address:		
Job Title:	Number Employees Supervised:	To (MM/DD/YYYY)
Specific Duties:		Starting Pay Rate
		\$
		Ending Pay Rate
		\$
Supervisor		
Reason For Leaving:		May We Contact This Employer? Yes No
Employer:	Telephone Number () -	From (MM/DD/YYYY)
Address:		
Job Title:	Number Employees Supervised:	To (MM/DD/YYYY)
Specific Duties:		Starting Pay Rate
		\$
		Ending Pay Rate
		\$
Supervisor		
Reason For Leaving:		May We Contact This Employer? Yes No
Employer:	Telephone Number () -	From (MM/DD/YYYY)
Address:		
Job Title:	Number Employees Supervised:	To (MM/DD/YYYY)
Specific Duties:		Starting Pay Rate
		\$
		Ending Pay Rate
		\$
Supervisor		
Reason For Leaving:		May We Contact This Employer? Yes No
Employer:	Telephone Number () -	From (MM/DD/YYYY)
Address:		
Job Title:	Number Employees Supervised:	To (MM/DD/YYYY)
Specific Duties:		Starting Pay Rate
		\$
		Ending Pay Rate
		\$
Supervisor		
Reason For Leaving:		May We Contact This Employer? Yes No

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Applicant Signature: _____ **Date:** _____

Interviewer's Comments:

For Office Use Only

Hired: **Yes** **No**

Department: _____ **Shift:** _____ **Pay Rate:** _____