

APPLICATION OF EMPLOYMENT

It is the policy of this company to provide equal employment opportunities to all qualified persons without regard to race, creed, color, religious belief, sex, age, national origin, physical or mental handicap or veteran status.

Note: Please type or print your answers. If you print, please do so in blue or black ink and write neatly. An illegible application may preclude you from consideration.

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

First Name _____ Middle Initial _____ Last Name _____

Current Address:

Street and Apt. # _____ City _____ State _____ Zip Code _____

Permanent Address (if different from above):

Street and Apt. # _____ City _____ State _____ Zip Code _____

Telephone: _____ Cell: _____

If hired, can you furnish proof you are eligible to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If you answered yes, please explain:

Are you 18 years of age or older? Yes No

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe _____

Have you ever been employed by a machine shop or medical device manufacturer before? Yes No

If yes, when? _____

Last Name: _____ First Name: _____ Middle Initial: _____

EMPLOYMENT HISTORY:

Present or Most Recent Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reasons for Leaving: _____

Prior Employer

Employer: _____ Address: _____

Your Position: _____ Salary: _____

Duties: _____

Dates of Employment: _____ to _____

Supervisor: _____ May we contact? Yes No
Name Title

Reason for leaving: _____

Last Name: _____ First Name: _____ Middle Initial: _____

EDUCATION

High School or GED

Name and Address

Did you graduate? Yes No

Diploma/Degree Certificate _____

Special honors or awards: _____

Technical or Vocational School

Name and Address

Did you graduate? Yes No

Degree or Certification: _____ Specialty: _____

Special honors or awards: _____

College or University

Name and Address

Did you graduate? Yes No

Degree: _____ Major: _____

Special honors or awards: _____

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

