



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

Date: _____

NAME (LAST NAME, FIRST)			SOCIAL SECURITY NUMBER
ADDRESS	CITY	STATE	ZIP CODE
PHONE NO.		CELL PHONE NUMBER	

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY/WAGE DESIRED
ARE YOU EMPLOYED? <input type="checkbox"/> YES <input type="checkbox"/> NO	CAN WE CONTACT YOUR PRESENT/PAST EMPLOYER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER APPLIED AT CIP BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN?	
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU AVAILABLE FOR FULL TIME WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MACHINE OPERATOR JOB REQUIREMENTS Ability to stand 8 hours and lift a minimum of 30 lbs. Use computers, gages, follow control plans and follow both written and verbal directions.		
IF APPLYING FOR AN OPERATOR POSITION, ARE YOU ABLE AND WILLING TO PERFORM ALL DUTIES INDICATED ABOVE WITH OR WITHOUT REASONABLE ACCOMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A		

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	LAST YEAR COMPLETED	DID YOU GRADUATE?	DEGREE
HIGH SCHOOL			
COLLEGE / TRADE SCHOOL			

GENERAL INFORMATION

SPECIAL TRAINING		
SPECIAL SKILLS		
U.S. ARMED FORCES SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BRANCH	IF YES, RANK

FORMER EMPLOYERS List below last three (3) employers, **starting with most recent first.**

COMPANY NAME	EMPLOYED (MO & YR) FROM: TO:	RATE OF PAY START: LAST:
JOB TITLE	DESCRIPTION OF WORK	
NAME OF SUPERVISOR	REASON FOR LEAVING	

COMPANY NAME	EMPLOYED (MO & YR) FROM: TO:	RATE OF PAY START: LAST:
JOB TITLE	DESCRIPTION OF WORK	
NAME OF SUPERVISOR	REASON FOR LEAVING	

COMPANY NAME	EMPLOYED (MO & YR) FROM: TO:	RATE OF PAY START: LAST:
JOB TITLE	DESCRIPTION OF WORK	
NAME OF SUPERVISOR	REASON FOR LEAVING	

Continued on other side

REFERENCES List the name of three (3) people **not related to you**, whom you have known at least one (1) year.

Name	Phone Number	Business	Years Acquainted
1			
2			
3			

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, OMISSIONS OR MISREPRESENTATIONS are discovered, my application may be rejected and, if I am employed my employment may be terminated at any time. In consideration of my EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, and I agree that my employment and compensation can be terminated, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and only WHEN IN WRITING AND SIGNED BY THE president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

Date _____ Applicant Signature _____

DO NOT WRITE BELOW THIS LINE

Interviewed By _____ Date _____

Remarks _____

Neatness _____ Ability _____

Hired Yes No Position _____ Dept. _____ Salary / Wage _____

Date reporting to work _____ Approved _____ Date _____