



TECHNOLOGIES, INC

THE EXPERTS in CNC Machining

APPLICATION FOR EMPLOYMENT

*** Application Must be Filled Out Entirely in Order to Be Processed ***

Position(s) Applied For:		Date:	
		Social Security Number:	
Last Name:	First Name:	M.I.	
Address:	City:	State:	Zip:
Phone:	Best Time to Contact You: <input type="checkbox"/> AM <input type="checkbox"/> PM		

If under 18, can you provide required proof of eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Ever Applied Here Before? (If yes) Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have You Ever Been Employed with Us Before? (If yes) Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any Friends or Relatives Work Here? (If yes) Name: Relationship:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Currently Employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
May We Contact Your Current Employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are You Prevented from lawfully becoming employed in this country because of Visa or Immigration Status? (Proof of citizenship or immigration status will be required)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Date Available to Work: <input type="checkbox"/> ASAP Or date:	Desired Salary Range: \$
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Availability to Work (Indicate all fields that apply):

<input type="checkbox"/> Fulltime	<input type="checkbox"/> 1st Shift	<input type="checkbox"/> 2nd Shift	<input type="checkbox"/> Both
<input type="checkbox"/> Part Time	<input type="checkbox"/> AM	<input type="checkbox"/> Afternoons	<input type="checkbox"/> PM

Are You Currently on "lay off" status and subject to call-back?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you submit to random Drug & Alcohol Testing during your employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No

***Note – Do Not answer the following unless you have been informed about the requirements of the job for which you are applying**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job for which you have applied? A review of the activities involved in such a job or occupation has been given. Yes No

EDCUATION & BACKGROUND

	Name & City	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Technical/ Vocational				
Other				

WORK EXPERIENCE

Beginning with your present or most recent employment or volunteer experience and working backward, list all positions held which are necessary for determining your eligibility for employment. Clearly describe the work (duties) you personally performed. *You must fill out this application completely even if a resume is being attached.*

Employer (1):	Address:	Phone:
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Your Job Title:	Employment Start Date:	Hourly/Salary Rate – Start
Reason For Leaving:	Employment End Date:	Hourly/Salary Rate - End

Employer (2):	Address:	Phone:
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Your Job Title:	Employment Start Date:	Hourly/Salary Rate – Start
Reason For Leaving:	Employment End Date:	Hourly/Salary Rate - End

Employer (3):	Address:	Phone:
May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Your Job Title:	Employment Start Date:	Hourly/Salary Rate – Start
Reason For Leaving:	Employment End Date:	Hourly/Salary Rate - End

Comments/Please explain any gaps in employment:

Please list any specialized training, apprenticeships, skills and/or extracurricular activities:

Please list any job related training received in the United States Military:

Professional, trade, business, civic activities, offices held?

Any other qualifications not listed: (summary of special job related skills & qualifications from employment/other experience)

SPECIALIZED SKILLS (Skills/Equipment Operated)

Please List Production/Mobile Machinery:	<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing
	<input type="checkbox"/> CAD/AutoCAD	<input type="checkbox"/> Excel/ Spreadsheets

Any additional skills including any and all manufacturing software:

EXPERIENCE & TRAINING (FILL OUT AS MUCH AS POSSIBLE)

Years of CNC Experience:	
Materials Worked With:	
Can you read blueprints?	
Have you threaded parts?	
Typical cycle times on parts run:	
Machines you can run efficiently:	
Other Machines (Computers, CMM's, etc.)	

Percentage of time spent on:	
Programming:	
Setup:	
Operate:	
	<i>(Totals of the above 3 fields should add up to 100%)</i>

Percentage of time spent on	
Lathes:	
Mills:	
Other Machines:	
	<i>(Totals of the above 3 fields should add up to 100%)</i>

Typical tolerances held:	
Typical lot size of parts you ran:	
Typical size of parts themselves:	
Do you own inspection & hand tools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please Rank the following	
Attendance:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Arrival at work on time:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Poor
Willing to Work Overtime if Needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Shifts Available to Work:	<input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> Both

PROBLEM SOLVING:

A bat and ball together cost \$1.10. The bat costs one dollar more than the ball. How much does the ball cost?

Your Answer:
How did you get your answer:

ANSWER ALL OF THE FOLLOWING COMPLETELY

What are your strengths:
What are your weaknesses?
What keywords/adjectives describe your work ethic and attitude?
How would your current/last boss describe you?

What is your opinion of him/her?

How would your coworkers or subordinates describe you professionally?

Why should we hire you over other applicants?

What qualities or talents do you bring to the job?

How do you perform under pressure? Give an example.

How do you react to criticism?

What are two of the biggest problems you've encountered at the your last/current job? How did you overcome them?

REFERENCES *(do not list family member or past supervisors)*

Name	Phone	Best Time to Call	Occupation
1.			
2.			
3.			

Have you ever been convicted of a crime/felony (other than traffic infractions)? Yes No
 If yes, explain:

How Did You Hear About Us?

Advertisement

Friend/Relative

Company Website

Employment Agency

Career Fair

Other

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital status, veteran status, or any other legally protected status(es). You are not required to list any memberships, activities or answer any questions that reveal any of the above. We are an equal opportunity employer.

Certification:

I certify that the statements made by me on this application are true and complete to the best of my knowledge. I understand that if I knowingly make any misstatement of fact, I am subject to disqualification and dismissal and to such other penalties as may be prescribed by law or personnel regulations. All statements made on this application, including employment information, are subject to verification as a condition of employment.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time, and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in termination of employment. I understand also that I am required to abide by all rules and regulations of the employer.

Signature
of Applicant:

Date: