

COLMAC COIL MANUFACTURING, INC.

Employment Application



Qualified applicants receive consideration for employment without discrimination because of sex, marital status, race, color, creed, religion, national origin, age, the presence of a non-job related handicap, or status as disabled.

Provide all information requested by typing or printing in ink. Please read carefully before you sign this application. False statements on this application shall be considered sufficient cause for termination.

APPLICANT INFORMATION												
Last Name					First			M.I.		Date		
Street Address							Apartment/Unit #					
City				State			ZIP					
Phone				E-mail Address								
Date Available				Desired Salary								
Position Applied for												
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?									
EDUCATION AND TRAINING												
High School Graduate or General Education Test Passed?	<input type="checkbox"/> YES		<input type="checkbox"/> NO									
Please indicate the highest grade completed:	1	2	3	4	5	6	7	8	9	10	11	12
List Below High School, College, Business School, Military, Etc. (most recent first)												
Name and Location	Credits Earned			Grad Yes/No	Degree	Major or Subject Taken						
	Quarter Hours	Semester Hours	Other									
License, Certificate or Registration	Number			Where Issued?		Date of Issue			Expiration Date			
Languages read, written or spoken fluently other than English:												
SPECIAL SKILLS (List all pertinent skills and equipment that you can operate.)												
REFERENCES												
Please list three references.												
Full Name					Relationship				Yrs known			
Address					Phone	()						
Full Name					Relationship				Yrs known			
Address					Phone	()						
Full Name					Relationship				Yrs Known			
Address					Phone	()						

PREVIOUS/CURRENT EMPLOYMENT

Company				Phone	()		
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone	()		
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Company				Phone	()		
Address				Supervisor			
Job Title				Starting Salary	\$	Ending Salary	\$
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I authorize investigation of all statements contained herein. I therefore release all persons or parties providing information in connection with this application from all claims, liability and damages which may arise as part of this investigation. **I understand that misrepresentation or omission of facts called for herein will be sufficient cause for cancellation of consideration for employment or termination of continued employment whenever such facts are discovered.**

This application shall be retained in an active file for a period of 1 year. I understand that this application is not valid without my signature.

I agree to participate in the various testing procedures and programs that may be required to determine my suitability for employment such as: Ergonomic (physical condition) testing, drug and alcohol abuse screening.

If employed, I agree to conform to the rules of this company, and hereby acknowledge that such employment may be terminated at any time, with or without cause, at the option of either myself or the company.

Signature				Date	
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DO NOT WRITE IN SPACE BELOW

PERSONNEL ACTION

1. Interviewed by:		Date	
2. Interviewed by:		Date	
Hire Date:		Position:	
Comments:			