

POWER MANUFACTURING

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
 Prospective employees will receive consideration
 without discrimination because of race, creed, color,
 sex, national origin, handicap or veteran status.

PERSONAL			
Last Name	First	Middle	DATE
Street Address			Home Phone
City, State, Zip			Business/Cell Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes dates:	Were you previously employed by us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes dates:		Social Security No.
Are you interested in Part Time employment?	Are you available for: 1st shift 2nd shift 3rd shift		Rate of pay expected
Who referred you to Power Mgf.? <input type="checkbox"/> Employee <input type="checkbox"/> Friend <input type="checkbox"/> School <input type="checkbox"/> Agency <input type="checkbox"/> Ad <input type="checkbox"/> Other Explain:			
When will you be available to begin work?	Are you legally eligible for employment in the United States?	Are you currently employed or self employed?	
Have you ever been convicted of any crime other than a minor traffic violation? <input type="checkbox"/> No <input type="checkbox"/> Yes, Explain:			Are you 18 years of age or older?

POWER MGF. DRUG TESTS ALL POTENTIAL AND CURRENT EMPLOYEES

EDUCATION					
SCHOOL	NAME AND LOCATION OF SCHOOL	Course of Study	No. of years completed	Did you graduate?	Degree or Diploma
College					
HIGH SCHOOL					
OTHER					

Military: complete this section if you served in the U.S. armed forces	Branch of Service
Describe your duties and any special training	Period of Active Duty From To
	Rank at Discharge
	Date at Final Discharge Type of Discharge

EMPLOYMENT		Please give accurate, complete full time and part time employment record. Start with present or most recent employer
1	Company Name	Phone
	Address	Employed From _____ To _____
	Name of Supervisor	Hourly Pay or Salary
	State job title and describe work	Reason for leaving
2	Company Name	Phone
	Address	Employed From _____ To _____
	Name of Supervisor	Hourly Pay or Salary
	State job title and describe work	Reason for leaving
3	Company Name	Phone
	Address	Employed From _____ To _____
	Name of Supervisor	Hourly Pay or Salary
	State job title and describe work	Reason for leaving

Special Skills and Qualifications	
Summarize special job related skills acquired from employment or experience	

I understand that false or misleading statements or omissions on this application may be considered sufficient cause for dismissal, whenever they may be discovered. I understand that if hired, employment is at will. This means that I may leave the Company, or the Company may terminate my employment at any time and for any reason, or for no reason at all, with or without notice. I understand that no manager or representative of the Company, other than the president of the Company, has any authority to enter into any agreement for employment for any specified period of time, or to make any employment agreement contrary to foregoing; and I further understand that any such agreement must be in writing and signed by the President of the Company.

I also understand that the use of this application does not indicate that there are any positions open and does not, in anyway, obligate the Company. And further, in order that the Company may be fully informed as to my qualifications for employment, I hereby request and authorize my former employers and other persons who may have information regarding my qualifications to furnish you with such information, and inasmuch as this information is furnished at my express request and for my benefit, I agree to hold harmless said persons and former employers on account of furnishing such information.

I understand that Power Manufacturing may require me to undergo a physical examination and/or drug and alcohol test. I agree to take such an examination and/or test. I also understand that if hired, Power Manufacturing may require me to undergo a drug and/or alcohol test at any time during my employment. I agree to take such test.

I also agree that a full transcript of my record as an employee; information as to my ability; and also the cause of my leaving the Company, if any, may be given to any person with whom I may hereafter seek employment; and I hereby release the Company from any and all liability for damages of whatsoever nature by reason of the furnishing of such information.

Date	Signature
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