

# Application for Employment at Ace Machine & Fabrication

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOW LONG AT THIS ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

U.S. CITIZEN? YES \_\_\_\_\_ NO \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_ DESIRED PAY: \_\_\_\_\_

HOW DID YOU LEARN ABOUT US? \_\_\_\_\_ 18 YEARS OR OLDER? YES \_\_\_\_\_ NO \_\_\_\_\_

DRIVERS LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_ TRANSPORTATION? YES \_\_\_\_\_ NO \_\_\_\_\_

HAVE YOU EVER APPLIED FOR A POSITION OR WORKED WITH THIS COMPANY BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO WHEN AND WHAT POSITIONS DID YOU WORK: \_\_\_\_\_

STATE THE NAMES OF RELATIVES AND FRIENDS WORKING FOR US:  
\_\_\_\_\_

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH PREVENT YOU FROM PERFORMING CERTAIN JOBS?  
YES \_\_\_\_\_ NO \_\_\_\_\_

COULD YOU PERFORM THE JOB WITH REASONABLE ACCOMMODATION? IF SO DESCRIBE:  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL? YES \_\_\_\_\_ NO \_\_\_\_\_

SCHOOL	NAME	COURSE STUDY	YEAR COMPLETED	DEGREE
HIGH SCHOOL	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____
TRADE/TECH	_____	_____	_____	_____

**APPLICANT'S STATEMENT:**

I certify that answers given herein are true and complete

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at WILL" nature, which means that the Employee may resign at any given 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 changes 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 in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

# Employment History

Please give accurate, complete employment record. Start with your most recent employer.

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM <span style="float: right;">TO</span>
NAME OF SUPERVISORS	PAY PER HOUR OR WEEK START <span style="float: right;">ENDING</span>
JOB TITLE-DESCRIBE WORK PREFORMED	REASON FOR LEAVING
OTHER SKILLS USED	MAY WE CONTACT THIS EMPLOYER FOR REFERENCE? YES <span style="float: right;">NO</span>

COMPANY NAME	TELEPHONE
ADDRESS	EMPLOYED (MONTH AND YEAR) FROM <span style="float: right;">TO</span>
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Please list any skills or hobbies not previously mentioned:

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