

# EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Thank you for your interest in applying for a job with Metal Precision, LTD (hereafter "MSP" or the "Company"). In order to get a complete understanding of your qualifications, interests and skill level, please answer the application honestly, thoughtfully and completely. MSP is dedicated to a policy of non-discrimination in employment. No question is asked for the purpose of excluding and applicant due to race, creed, color, national origin, religion, age, sex, disability, marital status, veteran status, citizenship or any other characteristics protected by law.

Applicants with disabilities may request a reasonable accommodation in order to perform the essential functions of a given job under the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the work process which provides an equal employment opportunity without imposing an undue hardship on MSP. Please inform the Company's personnel representative if you wish to request a reasonable accommodation, if you need assistance completing any forms to otherwise participate in application process.

## PERSONAL INFORMATION

\_\_\_\_\_  
Last Name                                      First Name                                      M.I.                                      Social Security #

List any aliases or other names, other than a legal name change: \_\_\_\_\_

\_\_\_\_\_  
(Present) Street Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
(Permanent) Street Address                                      City                                      State                                      Zip Code

\_\_\_\_\_  
Main Phone Number                                      Secondary Phone Number                                      Daytime Phone Number

Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_ License # and State: \_\_\_\_\_

## EDUCATION

**Check the box next to the highest level or equivalent completed:**

Elementary	High School	College/Tech	Graduate	Doctorate	Currently a Student?
8 (or less)	1 2 3 4	1 2 3 4	1 2 3	1 2 3	Yes No

Name of high school, college, university or vo-tech attended

Mailing Address for schools attended (if unknown, list the city and state)

Degree Type(s)

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## POSITION INFORMATION

Have you ever been employed by MSP (or any of its subsidiaries)? Yes or No (circle one)

If yes, location \_\_\_\_\_ Dates of Employment \_\_\_\_\_ to \_\_\_\_\_

MSP.

List of all positions for which you would like to be considered:

Rate of pay desired \_\_\_\_\_ Date you can start work \_\_\_\_\_ Type of employment you are seeking \_\_\_\_\_  
Full-Time Part-Time Temporary (Check one)

Are you 18 years of age or older? If under 18, applicant will be required to submit a birth certificate or a work certificate as required by the state or federal laws. Yes or No (Check one)

Can you, after employment, submit verification of your legal right to work in the United States i.e. US Passport or Social Security Card and Valid Driver's License? Yes or No (Check one)

**Availability** – To help us consider you for a job that matches your availability, please tell us the earliest time and the latest time you can work each day.

Earliest Time      Sunday    Monday    Tuesday    Wednesday    Thursday    Friday    Saturday

Latest Time      \_\_\_\_\_

**Check** if you are available to work: Days    Evenings    Nights    Saturday    Sunday    Overtime

Are you on **layoff** and subject to **recall** with any employer? Yes or No (Check one)

**Special Skills, Qualifications or knowledge** – please summarize any special skills, qualifications or knowledge not shown elsewhere on this form. (Exclude information indicative of race, sex, religion, color, age, disability, national origin, or veteran status.)

List three (2) people (no relatives), preferably a manager or supervisor, who you have worked with and may be contacted for references.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Length of Acquaintance: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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## EMPLOYMENT INFORMATION

**Employment History – List entire employment history, starting with your present employer. For any unemployed, self-employed, and military period show dated and location. Attach additional sheet if necessary.**

If currently employed, may we contact your employer? Yes or No (**Check One**)

Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Accountabilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dated Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Accountabilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Dated Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Annual Salary: \_\_\_\_\_

Accountabilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Please account for any gaps in employment: \_\_\_\_\_

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**IMPORTANT:** We are glad that you are interested in joining the MSP team. Please read the following statements carefully before you sign and return this application.

In considering my application for employment, the Company is authorized to verify the information set forth in this application and obtain additional background information relating to my background. I authorize all persons, schools, companies, corporations, and law enforcement agencies to supply any information concerning my background and I unconditionally release all such reporting sources from any/all liability associated with providing this information. I have read, understand and agree to this statement. (Please initial here.) \_\_\_\_\_

I understand the MSP has a commitment to maintain an alcohol/drug-free workplace and that the Company, unless prohibited by state law, requires a drug screening test is a part of its selection and hiring process. I understand that such drug screening will consist of the testing of a urine sample or other medically recognized test designed to detect traceable amounts of a controlled substance in my body. If it is determined my specimen contains a controlled substance or was altered or substituted, I will be disqualified from consideration for employment and any offer of employment will be withdrawn. I further understand and agree that if I am employed, I may be required to submit to alcohol/drug-testing under certain circumstances during my employment. I have read, understand, and agree to this statement. (Please initial here.) \_\_\_\_\_

I certify that the information on this application is correct and I understand that any misrepresentation or omission of any information will result in my disqualification from consideration for employment or, if employed, my disqualification from consideration for employment or, if employed, my dismissal. I understand that this application is not a contract, offer, or promise of employment and that if hired, I will be able to resign at any time for any reason. Likewise, the Company may terminate my employment at any time with or without cause, unless otherwise required by law. I further understand that no one other than the Company President has the authority to enter into an employment contract or agreement with me, and that my at-will employment may be changed only by a written agreement signed by the Company President. I have read, understand and agree to this statement. (Please initial here.) \_\_\_\_\_

MSP's terms and conditions of employment have been explained to me and I am applying for a position consistent with those terms. I understand that this application is good only for sixty (60) days from today's date. If I still desire a position with the company after this application expires, it will be my responsibility to fill out a new application and file it with the Company. Otherwise, MSP will not consider me for employment after this application expires.

Date of application: \_\_\_\_\_ Signature as shown on Social Security Card: \_\_\_\_\_