

2612 S. Broadway Street
Green Bay, WI 54304

AMERICAN METAL FINISHING, INC.
APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

Office: 920-593-1020
Fax: 920-593-1023

Position Applying for: _____ Date of Application: _____

(PLEASE PRINT)

FULL NAME (Please list all names used)			
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE NUMBERS		EMAIL ADDRESS	

Are you legally eligible for employment in the United States? Yes No

Are you at least 18 years of age? Yes No

Have you ever been employed with us before? Yes No

Are you available to work? Full-time Part-time

When will you be available for employment? _____

EDUCATION

	NAME & ADDRESS OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	GRADUATED
HIGH SCHOOL				YES NO ENROLLED
UNDERGRADUATE COLLEGE				YES NO ENROLLED
GRADUATE PROFESSIONAL				YES NO ENROLLED
OTHER (SPECIFY)				YES NO ENROLLED

EMPLOYMENT EXPERIENCE**START WITH YOUR PRESENT OR LAST JOB**

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE/SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE/SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

EMPLOYER	DATES EMPLOYED		WORK PERFORMED
ADDRESS	FROM	TO	
TELEPHONE	HOURLY RATE/SALARY		
JOB TITLE/SUPERVISOR	STARTING	FINAL	
REASON FOR LEAVING			

May we contact all employers listed? Yes No

If no, please explain: _____

SKILLS & QUALIFICATIONS

DESCRIBE ANY SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES THAT WOULD BENEFIT YOUR EMPLOYMENT OPPORTUNITY WITH AMERICAN METAL FINISHING, INC.

DESCRIBE ANY JOB-RELATED TRAINING OR SPECIALIZED SKILLS THAT WOULD BENEFIT YOUR EMPLOYMENT OPPORTUNITY WITH AMERICAN METAL FINISHING, INC.

ADDITIONAL INFORMATION

Have you ever been convicted of a crime, misdemeanor or any unlawful activity, other than a minor traffic violation?

Yes No

If yes, explain and list each conviction(s), nature of offense(s) leading to conviction(s), date(s) of occurrence and sentence(s) imposed. (A conviction does not automatically bar you from employment.)

COMPLETE THIS SECTION IF POSITION WILL REQUIRE DRIVING

Do you have a Driver's License? Yes No

Drivers license number _____ State of Issue _____ Expiration Date _____

Check One: Operator Commercial (CDL) Occupational

Have you had any accidents during the past three years? Yes No If yes, how many? _____

Have you had any moving violations during the past three years? Yes No If yes, how many? _____

REFERENCES

NAME	TELEPHONE
ADDRESS	TYPE OF REFERENCE

NAME	TELEPHONE
ADDRESS	TYPE OF REFERENCE

NAME	TELEPHONE
ADDRESS	TYPE OF REFERENCE

RELEASE OF INFORMATION AUTHORIZATION

I hereby affirm the information given by me on this application for employment is complete and accurate. I understand any falsification or omission will be immediate grounds for dismissal. I authorize a thorough investigation to be made in connection with this application concerning my character, general reputation, personal characteristics, employment and educational background, any criminal record, and mode of living, whichever may be applicable. Where applicable, the company will comply with the Fair Credit Reporting Act. I hereby authorize the release of documents and personal interviews with third parties, such as prior employers, family members, business associates, financial sources, friends, neighbors, or others with whom I am acquainted. I further understand I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of this investigation.

It is understood, as a condition of initial or continued employment, I agree to submit to such lawful examinations, medical, substance abuse, or other, as may be required by the company. The company will pay the reasonable cost of any such examination which may be required.

If I am hired, I agree my employment and compensation can be terminated with or without cause and without notice, at any time, at the option of this company or myself. I understand that no manager or other representative other than a vice-president, and in writing, has the authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I have read and affirm as my own the above statements.

Signature

Date

American Metal Finishing, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you your opportunity for employment with American Metal Finishing, Inc. depends solely on your qualifications.

THANK YOU FOR APPLYING WITH AMERICAN METAL FINISHING, INC. OUR HUMAN RESOURCE DEPARTMENT WILL BE CONTACTING YOU IN REGARDS TO THE STATUS OF YOUR APPLICATION.

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY DATA

The following information will be used only for research and reporting purposes for American Metal Finishing, Inc. in accordance with applicable laws and regulations. This information is voluntary and there will be no adverse consequences for not responding. This information is confidential and is kept separate from this application. It will not be a consideration for employment.

Gender: Male Female

Age: Under 40 40 or Over

Ethnic Origin:

- American Indian/Alaskan Native
- Black/African American
- White/Caucasian/European/North African/Middle eastern or Indian Subcontinent
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- Asian American/Pacifica Islander/Far eastern or Southeastern Asian

Veteran Status:

- Non Veteran
- Veteran
- Newly Separated Veteran
- Special Disabled Veteran (Disability 30% or greater)
- Vietnam Era Veteran
- Other Protected Veteran

If yes, what Branch? _____

Specialty _____ Date Entered _____

Discharge Date _____ Discharge type _____

Disability:

The Americans with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment.”

Based on this definition, are you an individual with a disability? Yes No