



EMPLOYMENT APPLICATION

Name Date

Street Address Position Desired

City, State ZIP Salary Desired

Phone Date Available for Work

Email Address Referred by

Where did you learn about this opportunity?

Shift(s) Desired: Day (Mon-Fri, 7am-3pm) Evening (Mon-Thurs, 3pm-1am) Night (Mon-Thurs 9pm-7am)

Will work the following: Overtime as needed Occasional weekends 4 am– 2 pm (Tues-Fri)

Can you perform the essential functions of the position for which you are applying? Yes No

If you answered "No" please explain:

(If you have questions about which functions are applicable to this position, please contact HR before answering)

Are you legally eligible to be employed in the United States? Yes No Are you 18 years of age or over? Yes No

(Proof of identity and eligibility would be required upon employment) *(If no, you may be required to provide authorization to work)*

Have you worked for MITGI before? Yes No

If you answered "Yes" as a previous employee please provide detail:

Do you have friends or relatives at MITGI? Yes No

If you answered "Yes" please provide detail:

Are you presently employed? Yes No If "Yes", may we contact your employer? Yes No

If presently employed, why are you considering leaving?

Please list your employment history, starting with the most recent. If necessary, please attach additional pages:

1. Employer City, State

Supervisor Name and Title Phone

Position(s) held/duties/ reason for leaving:

Date of Hire End Date

2. Employer City, State

Supervisor Name and Title Phone

Position(s) held/duties/
reason for leaving:

Date of Hire End Date

3. Employer City, State

Supervisor Name and Title Phone

Position(s) held/duties/
reason for leaving:

Date of Hire End Date

Please list technical/trade/
clerical skills relevant to
this position, including
computer systems/software
used:

EDUCATION HISTORY	Name of Location	Course of Study	Number of Years Completed	Diploma, Degree or Certification Received
High School				
College				
Vocational or Trade School				
Graduate Work				
Other				

PROFESSIONAL REFERENCES (other than relatives)	Reference #1	Reference #2
Name		
Company		
Position		
Telephone		
Email Address		

ACKNOWLEDGEMENT: PLEASE REVIEW CAREFULLY.

I certify that the information contained in this application is correct to the best of my knowledge. I understand that to falsify information is grounds for refusing to hire me, or for discharge should I be hired. I authorize any person, organization or company listed on this application to furnish you any and all information concerning my previous employment, educational and qualifications for employment. I also authorize you to request and receive such information. In consideration for my employment, I agree to abide by the rules and regulation of the company, which rules may be changed, withdrawn, added or interpreted any any time, at the company's sole option and without prior notice to me. I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

(All job applicants must sign and submit with application form) I hereby certify that the information hereunder is correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire or, if hired, dismissal. I hereby authorize any of the persons or organizations listed in my application to give all information concerning my previous employment, education, or any other information that might have, personal or otherwise, with regard to any of the subjects covered by this application, and release all such parties from all liability that may result from furnishing such information to you. I authorize you to request and receive such information. In consideration for my employment and my being considered for employment by your company, I agree to adhere to the rules and regulations of the company and hereby acknowledge that these rules and regulations may be changed by your company at any time, at the company's sole option and without any prior notice. In addition, I acknowledge that my employment may be terminated, and any offer of employment, if such is made, my be withdrawn with or without prior notice, any time, at the option of either the company or me. I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to assure or make some other personnel move, either prior to commencement of employment or after I have become employed, or to assure any benefits or terms and conditions of employment, or to make any agreement, that is contrary to the foregoing. I hereby acknowledge that I have been advised that this application will remain active for no more than 1 year from the date it was signed. I also understand that as a condition of employment with MITGI, I may be required to satisfactorily complete any or all of the following as required: background and/or credit screening, physical examination, screening for illegal substances.

Applicant Signature

Date

DISCLOSURE - PREPARATION OF A CONSUMER REPORT

To process your application with Midwest Industrial Tool Grinding, Inc. (MITGI), an investigative consumer report (background check) may be conducted by Verified Credentials, Inc. In accordance with the U.S. Fair Credit Reporting Act 606, we notify you of the following: a background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. Information may include, but is not limited to: employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview process.

If currently employed, may your current employer be contacted? Yes No

I request a copy of the report: Yes No

Please read the following and, if acceptable, authorize us to order an investigative consumer report to be prepared by Verified Credentials, Inc.

AUTHORIZATION - TO PREPARE INVESTIGATIVE CONSUMER REPORT

I authorize the appropriate individuals, companies, institutions or agencies to release information requested for the preparation of an investigative consumer report on me and to respond to all inquiries necessary for the same.

Full Legal Name

Address

City State Zip Code

Please list any additional addresses you have lived (City/State), worked and attended school in during the past 7 years.

City State City State

City State City State

Other Name(s) Used and Date(s) Changed

Drivers Lic. # State Issued Exp. Date

Birthdate *(To be used for Background Information ID only)*

I AUTHORIZE A PHOTOCOPY AND/OR AN ELECTRONIC COPY OF THIS AUTHORIZATION TO BE ACCEPTED WITH THE SAME AUTHORITY AS THE ORIGINAL AND IF EMPLOYED BY THE ABOVE NAMED COMPANY THIS AUTHORIZATION WILL REMAIN IN EFFECT THROUGHOUT MY EMPLOYMENT.

Signature SSN Date