

EMPLOYMENT APPLICATION

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	Date
Name	Position Desired
Street Address	Salary Required
City, State ZIP	Date Available for Work
Phone	Referred by
Email Address	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
Can you perform the essentia for which you are applying?	
If you answered "No" please explain:	
(If you have questions about whi	ich functions are applicable to this position, please contact HR before answering)
Are you legally eligible to be	e 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 MITG	I before? Yes No
If you answered "Yes" as a previous employee please provide detail:	
Do you have friends or relati	ives 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 employmen	nt 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 Pay Upon Hire End Pay Rate



MITGI EMPLOYMENT APPLICATION - PAGE 2

2. Employer	City, State
Supervisor Name and Title	Phone
Position(s) held/duties/ reason for leaving:	
Date of Hire	End Date Pay Upon Hire End Pay Rate
3. Employer	City, State
Supervisor Name and Title	Phone
Position(s) held/duties/ reason for leaving:	
Date of Hire	End Date Pay Upon Hire End Pay Rate
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 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 emplo	oyer be contacted? Yes No
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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 us	ed for Backg	round 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	
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