



EMPLOYMENT APPLICATION

As an equal opportunity employer, Harco Metal Products, Inc. and its subsidiaries does not discriminate in hiring or terms and conditions of employment because of an individual's race, creed, color, sex, age, religion, disability or national origin. Harco Metal Products, Inc. only hires individuals authorized for employment in the United States.

POSITION
APPLYING
FOR: _____
 SCHEDULE FULL PART
 DESIRED: NIGHT WKEN
 TEMP OTIME

DATE OF APPLICATION _____

_____ DATE AVAILABLE

PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	ARE YOU AUTHORIZED FOR EMPLOYMENT IN THE U.S.? <input type="checkbox"/> Y <input type="checkbox"/> N
PRESENT STREET ADDRESS	CITY STATE ZIP	HOW LONG HAVE YOU LIVED THERE? Mo. Yr.	
PREVIOUS STREET ADDRESS	CITY STATE ZIP	HOW LONG DID YOU LIVE THERE? Mo. Yr.	
DAYTIME PHONE	EVENING PHONE	SOC. SEC. No.	UNDER 18 Yrs. OF AGE? <input type="checkbox"/> Y <input type="checkbox"/> N
IN CASE OF EMERGENCY, PLEASE NOTIFY:			

EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION OF SCHOOL	DEGREE/AREA OF STUDY	No. OF YEARS ATTENDED	GRADUATED
HIGH SCHOOL				<input type="checkbox"/> Y <input type="checkbox"/> N
JR. COLLEGE				<input type="checkbox"/> Y <input type="checkbox"/> N
COLLEGE				<input type="checkbox"/> Y <input type="checkbox"/> N
GRADUATE SCHOOL				<input type="checkbox"/> Y <input type="checkbox"/> N
OTHER				<input type="checkbox"/> Y <input type="checkbox"/> N

ACADEMIC AND PROFESSIONAL ACTIVITIES & ACHIEVEMENTS

ACADEMIC AND PROFESSIONAL ACTIVITIES AND ACHIEVEMENTS, AWARDS, PUBLICATIONS OR TECHNICAL-PROFESSIONAL SOCIETIES. INDICATE TYPE OR NAME. EXCLUDE ORGANIZATIONS THAT INDICATE RACE, CREED, COLOR, SEX, AGE, RELIGION, DISABILITY OR NATIONAL ORIGIN OF ITS MEMEBERS.

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SPECIAL SKILLS

(OTHER SKILLS APPLICABLE TO POSITION APPLIED FOR)

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EMPLOYMENT HISTORY

DD/MM/YY	PAST EMPLOYER NAME, SUPERVISOR & PHONE No.	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

MISCELLANEOUS

1) SALARY REQUIRED:	2) ARE YOU PRESENTLY EMPLOYED? <input type="checkbox"/> Y <input type="checkbox"/> N
3) IF YES, MAY WE CONTACT CURRENT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N	4) ARE YOU ON LAYOFF AND SUBJECT TO RECALL? <input type="checkbox"/> Y <input type="checkbox"/> N
5) DO YOU HAVE DEPENDABLE TRANSPORTATION? <input type="checkbox"/> Y <input type="checkbox"/> N IF YES, WHAT KIND?	
6) DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> Y <input type="checkbox"/> N DRIVER'S LICENSE No.:	
7) HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED WITHIN THE PAST 4 YEARS? <input type="checkbox"/> Y <input type="checkbox"/> N	
IF YES, PLEASE EXPLAIN:	
8) IS THERE ANY ADDITIONAL INFORMATION INVOLVING A CHANGE OF NAME, OR ASSUMED NAME THAT WILL NOT PERMIT US TO CHECK YOUR WORK RECORD? <input type="checkbox"/> Y <input type="checkbox"/> N	
IF YES, PLEASE EXPLAIN:	
9) HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? <input type="checkbox"/> Y <input type="checkbox"/> N	
IF YES, PLEASE EXPLAIN:	
10) LIST ANY FRIENDS OR FAMILY CURRENTLY EMPLOYED AT Harco Metal Products, Inc.:	
11) AT Harco Metal Products, Inc. A GOOD ATTENDANCE RECORD IS AN IMPORTANT PART OF EVERY ASSOCIATE'S OVERALL PERFORMANCE. DO YOU KNOW OF ANY REASON YOU MAY NOT BE ABLE TO COMPLY WITH Harco Metal Products, Inc. ATTENDANCE POLICY? IF THERE IS A PROBLEM PLEASE EXPLAIN BELOW:	

ALL INFORMATION GIVEN BY ME HEREIN IS TRUE. FALSE OR MISLEADING INFORMATION (MISREPRESENTATION OR OMISSION OF INFORMATION CALLED FOR) ON THIS APPLICATION OR ANY OTHER HIRING DOCUMENT OR FORM IS A BASIS FOR NON-HIRE OR DISMISSAL. EMPLOYMENT IS OF AN AT-WILL RELATIONSHIP. I UNDERSTAND THAT IF EMPLOYED, MY EMPLOYMENT DOES NOT CONSTITUTE ANY CONTRACTUAL RELATIONSHIP AND CAN BE TERMINATED AT ANY TIME BY MYSELF OR BY THE EMPLOYER FOR ANY REASON. I FURTHER UNDERSTAND THAT NO SUPERVISOR, WITH THE EXCEPTION OF THE PRESIDENT OF THE COMPANY, HAS ANY AUTHORITY (AND CANNOT) ENTER INTO ANY AGREEMENT, WRITTEN OR VERBAL, AND HAS NO AUTHORITY TO MAKE ANY REPRESENTATIONS BEFORE OR DURING EMPLOYMENT THAT CAN CHANGE OR MODIFY THIS NONCONTRACTUAL POLICY AND UNDERSTANDING OF TERMS OF EMPLOYMENT. IF THE PRESIDENT MAKES AN EXCEPTION, IT IS ONLY VALID IF IN WRITING AND SIGNED BY THE APPLICANT AND THE PRESIDENT. SAFETY AND HONESTY ARE OF CRITICAL IMPORTANCE. INVOLVEMENT WITH TOXICANTS (ALCOHOL AND DRUGS) AND DISHONEST ACTS WILL NOT BE TOLERATED. THE COMPANY RESERVES THE RIGHT TO REQUIRE AND I AGREE TO PARTICIPATE IN ANY EXAMINATIONS OR INVESTIGATIONS REGARDING PROBLEMS ABOUT INTOXICANTS AND HONESTY. I UNDERSTAND ALSO, THAT IF EMPLOYED I AM REQUIRE TO ABIDE BY THE REGULATIONS OF THE COMPANY.

DATE

SIGNATURE OF APPLICANT

DATE _____

OFFICE USE ONLY

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|---|--|---|
| <input type="checkbox"/> APPLICATION | <input type="checkbox"/> REFERENCES CHECK COMPLETE | <input type="checkbox"/> 2 ND INTERVIEW _____. |
| <input type="checkbox"/> INTERVIEWED WITH _____ | | <input type="checkbox"/> HIRE & OFFER _____. |
| <input type="checkbox"/> MATH / TAPE TEST COMPLETE - SCORE _____ | | <input type="checkbox"/> LETTER / CALL OF NO HIRE _____. |
| <input type="checkbox"/> WELD TEST COMPLETE - EXCELLENT GOOD POOR | | |