

SPECIAL

M A N U F A C T U R I N G

SPECIAL T CUSTOM MANUFACTURING & FABRICATING EMPLOYMENT APPLICATION

Valid for 30 Days

Full Legal Name (Print): _____ Date: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Are you at least 18 years of age? _____ Yes No

Are you legally authorized to work in the United States? _____ Yes No

Will you now or in the future require visa sponsorship? _____ Yes No

Position(s) Applied For: _____

Desired Pay Rate: _____ Start Date Available: _____

Full-Time Part-Time

Shift Availability: 1st Shift (6:00 AM – 4:30 PM) Overtime Flexible

High School Name & Location: _____

Year Completed: _____ Diploma/GED: _____ Yes No

College/Technical/Vocational: _____

Year Completed: _____ Degree/Certification: _____

Have you previously applied or worked here? Yes No When?

Currently employed? _____ Y N May we contact? _____ Y N

Have you ever been convicted of a felony not expunged or sealed? Yes No

If yes, explain: _____

Have you ever been discharged or asked to resign? Yes No

If yes, explain: _____

Positions may require standing, lifting up to 50 lbs, and working around machinery.

Can you perform essential functions with or without accommodation? Yes No

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MANUFACTURING

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Employer 1 Company: _____ Supervisor: _____
Job Title: _____ Dates Employed: _____ to _____
Reason for Leaving: _____
May we contact? Yes No

Employer 2 Company: _____ Supervisor: _____
Job Title: _____ Dates Employed: _____ to _____
Reason for Leaving: _____
May we contact? Yes No

Employer 3 Company: _____ Supervisor: _____
Job Title: _____ Dates Employed: _____ to _____
Reason for Leaving: _____
May we contact? Yes No

References *(no relatives or former employers)*:

1. Name: _____ Phone: _____ Relationship: _____
2. Name: _____ Phone: _____ Relationship: _____
3. Name: _____ Phone: _____ Relationship: _____

I certify the information provided is accurate and understand employment is at-will.

Applicant Name (Print): _____

Applicant Signature: _____ Date: _____

Drug/Alcohol Testing Consent (Post-Offer):

I consent to testing as a condition of employment and authorize release of results.

Applicant Signature: _____ Date: _____