

Application for Employment

Southeastern Machining
500 Lincoln Avenue
Lancaster, Ohio 43130

Please Print

Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the applicant and/or interview process should notify a representative of the human resources department.

Date: _____
Position (s) applied for _____

Name: _____

Address: _____

Phone: (____) _____

If necessary, best time to call is: _____
Have you submitted an application here before: _____ If yes date (s) _____
Date available to start working? _____
Type of employment desired: _____ Full-time _____ Part-time _____ Temporary
What shift would you work? _____ 1st shift _____ 2nd shift

Referral Source: _____ Ad _____ Employee _____ Relative _____ Walk-In _____ Other

Educational Background

School	Yrs Complete	Degree

References

Name	Phone	Yrs Acquainted

Employment History

Provide the following information for your past and current employers, assignments, and activities starting with the most recent.

Current Employer: _____
Address: _____
Phone No.: _____
Immediate Supervisor: _____
Employed From: _____ to _____
Job duties: _____
Reason for leaving: _____
Hourly/Salary Rate: _____

Past Employer: _____
Address: _____
Phone No.: _____
Immediate Supervisor: _____
Employed From: _____ to _____
Job duties: _____
Reason for leaving: _____
Hourly/Salary: _____

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Address: _____
Phone No.: _____
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Job duties: _____
Reason for leaving: _____
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Address: _____
Phone No.: _____
Immediate Supervisor: _____
Employed From: _____ to _____
Job duties: _____
Reason for leaving: _____
Hourly/Salary: _____

Skills and Qualifications-Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers and educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations, organizations for furnishing such information.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment, on the basis prohibited by local, state, or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that no representative of the employer, other than an authorized office has the authority to make any assurances to the contrary. I understand it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of applicant _____ Date _____

