APPLICATION FOR EMPLOYMENT



Thank you for your interest in applying for a job with our Company. Due to our commitment of offering the highest possible quality to our customers, we are only interested in hiring the best people for any available positions. We want to have a complete understanding of your qualifications, motivations and interests so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoughtfully.

An Equal Opportunity Employer

WORKFORCE DIVERSITY IS AN ESSENTIAL PART OF COMPANY'S COMMITMENT TO QUALITY AND TO THE FUTURE. WE ENCOURAGE YOU TO APPLY, WHATEVER YOUR RACE, GENDER, RELIGION, NATIONAL ORIGIN, AGE, DISABILITY, MARITAL STATUS, SEXUAL ORIENTATION OR VETERAN STATUS. IF YOU NEED ACCOMMODATION TO PARTICIPATE IN THE APPLICATION PROCESS, PLEASE LET US KNOW.

	Date of Application:				
PERSONAL INFORMATION					
Name:					
Last Name	First Name		Middle Initial		
Address:		City	State	Zip Code	
Email Address:		·			
Telephone: ()	So	cial Security #:			
If you are under 18 years of age, do you have a v	vork permit? Yes No				
If you have ever worked under another name, pl	ease identify:				
YOUR JOB INTEREST					
Position Desired:	Date	you can start work:			
What is the starting salary or wage desired? $\$	/hr. \$	/wk. \$/	'month		
Are you available for full-time work? Yes	NoAre yo	ou available for part-time wo	ork? YesNo)	
Are there any days of the week when you would	not be available to work? Plea	se specify:			
How did you learn of this job opening?					
Have you ever worked for this Company before?	YesNo W	hen?			
Who was your supervisor?					
Reason for leaving?					
Do you know anyone who works here? Yes	No W	/ho?			
YOUR EDUCATION AND TRAINING					
Please circle Highest Grade Completed: 1 2 3 4 5 6 7 8 Grade School What was the last school you attended?	9 10 11 12 High School	1 2 3 4 5 College		2 3 4 de/Tech	

What extracurricular activities did you participate in and what special skills did you acquire during the course of your education that may be helpful for the job in which you are applying for?

Hiring Policies and Procedures

WE DO NOT DISCRIMINATE ON THE BASIS OF RACE, SEX (INCLUDING PREGNANCY), COLOR, AGE, NATIONAL ORIGIN, DISABILITY OR ANY OTHER PROTECTED STATUS. WE BASE OUR HIRING DECISIONS ON A VARIETY OF FACTORS, INCLUDING SKILLS AND ABILITY TO PERFORM THE JOB, PRIOR EMPLOYMENT EXPERIENCE, EMPLOYMENT REFERENCES AS TO CHARACTER AND WILLINGNESS TO WORK, WILLINGNESS TO ACCEPT THE OFFERED SALARY, AND PERSONAL INTERVIEWS.

Startin <u>o</u> part-tin	R WORK EXPERIENCE g with your current or most recent employment, list all previous employment; list all previous employers including self-employment, military service, summer and me jobs for at least the last 10 years. Must be completed in full for each employer. Writing "see resume" is not acceptable. Use additional sheet if necessary to cover f employment. Additionally, attach professional resume.
Are yo	pu presently employed? YesNo
	ou on layoff and subject to recall? YesNo If YES, to where?
Begir	nning with your present or most recent employer, describe your employment experiences below:
1.	Present or Last Employer:
	Address:
	Type of Business:Phone
	Starting Position:
	Final Position:
	Date Employed: From:To:Name & Title of Supervisor:
	Description of your work and responsibilities:
	Reason for leaving:
	Will you receive a satisfactory reference from this employer? YesNoIf "NO" please explain:
	May we contact your present employer at this time: YesNo If "NO" please explain:
2.	Next Previous Employer:
	Address:
	Type of Business:Phone:
	Starting Position:
	Final Position:
	Date Employed From:To:Name & Title of Supervisor:
	Description of your work and responsibilities:
	Reason for leaving:
	Will you receive a satisfactory reference from this employer? Yes No If "NO" please explain:
3.	Next Previous Employer:
	Address:
	Type of Business: Phone:
	Starting Position:
	Final Position:

Are you legally authorized to work in the United States on a full-time basis? YesNo		Date Employed: From:To:Name & Title of Supervisor:	
Will you receive a satisfactory reference from this employer? Yes No If "NO" please explain: 4. Next Previous Employer:		Description of your work and responsibilities:	
Will you receive a satisfactory reference from this employer? Yes No If "NO" please explain: 4. Next Previous Employer:			
4. Next Previous Employer: Address:		Reason for leaving:	
Address: Phone: 5. Next Previous Employer:		Will you receive a satisfactory reference from this employer? YesNo	_If "NO" please explain:
S. Next Previous Employer:	4.	4. Next Previous Employer:	
Address:		Address:Phone:	
ADDITIONAL PERSONAL INFORMATION Are you legally authorized to work in the United States on a full-time basis? YesNoNo	5.	5. Next Previous Employer:	
Are you legally authorized to work in the United States on a full-time basis? YesNo		Address:Phone:	
Have you ever been discharged or asked to resign by an employer? YesNoIf YES, please explain:	ADD	ADDITIONAL PERSONAL INFORMATION	
Please complete this section if the job for which you are applying for might require you to drive Company vehicles. Do you have a valid driver's license? YesNo License number and State:	Are y	Are you legally authorized to work in the United States on a full-time basis? Yes	No
Address:	Have	Have you ever been discharged or asked to resign by an employer? YesNoIf YES, pl	ease explain:
Have you had any driving accidents in the last five years? YesNoIf YES, please give details:	Pleas	Please complete this section if the job for which you are applying for might require you to drive Compa	ny vehicles.
Have you had any driving accidents in the last five years? YesNoIf YES, please give details:	Do yo	Do you have a valid driver's license? Yes No License number and State:	
YOUR MILITARY EXPERIENCE Completing this section of the application is optional. Leave this area blank if you do not wish to answer. Have you ever served in the United States Armed Services?			
YOUR MILITARY EXPERIENCE Completing this section of the application is optional. Leave this area blank if you do not wish to answer. Have you ever served in the United States Armed Services? YOUR MILITARY EXPERIENCE Describe any skills you acquired in the Service which would be useful to the job for which you are applying: YOUR REFERENCES Completing this section of the application is optional. Leave this section blank if you do not wish to answer. List the names of three professional or personal character references who have known you for the last three years and from whom you can obtain etters of recommendation. Please do not list relatives. 1. Name: Occupation: Address: City/State: Phone: 2. Name: Occupation: Address: City/State: Phone: Relationship to Applicant:			
Completing this section of the application is optional. Leave this area blank if you do not wish to answer. Have you ever served in the United States Armed Services?	Has y	Has your driver's license ever been suspended, revoked, denied, or cancelled? YesNo	If YES, please explain:
Have you ever served in the United States Armed Services?	YOU	YOUR MILITARY EXPERIENCE	
Yes	Сотр	Completing this section of the application is optional. Leave this area blank if you do not wish to answer	:
Yes	Have	Have you ever served in the United States Armed Services?	
Describe any skills you acquired in the Service which would be useful to the job for which you are applying:			
YOUR REFERENCES Completing this section of the application is optional. Leave this section blank if you do not wish to answer. List the names of three professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives. 1. Name: Occupation: Address: City/State: Phone: Relationship to Applicant: Occupation:			
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List the names of three professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives. 1. Name: Occupation: Address: City/State: Phone: Relationship to Applicant: Occupation: Address: City/State: Phone: Relationship to Applicant: Occupation: Address: Occupation: Address: City/State: Phone: Phone:	YOU	YOUR REFERENCES	
In the test of recommendation. Please do not list relatives. 1. Name: Address: City/State: Phone:	Comp	Completing this section of the application is optional. Leave this section blank if you do not wish to answ	ver.
Address:	etter	etters of recommendation. Please do not list relatives.	
Relationship to Applicant: 2. Name: Address: City/State: Phone: Relationship to Applicant: 3. Name: Address: City/State: Phone:			
2. Name: Occupation: Address: City/State: Relationship to Applicant:			Phone:
Address:			
Relationship to Applicant:			
3. Name: Occupation: Address: City/State: Phone:			
Address:Phone:Ph			
Relationship to Applicant:			Pnone:

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read and agree to each of the following statements:

All of the information I have supplied on the application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information, which, if known to the Company, would affect my application unfavorably.

I understand that any omissions, misrepresentations or misstatements made on this application can lead to my immediate termination when discovered.

This employment application will be considered active for ninety (90) days from the date received by the Company. If I want to be considered for a job with the Company after this period of time I must fill out another application.

I understand that if I receive an offer, my employment is contingent on passing a medical examination which may include testing for drugs and/or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs and applicable laws, to undergo a medical examination or testing for alcohol and/or illegal drugs.

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

I further understand and agree that, if employed, our employment relationship always will be At-Will. Either the Company or I can terminate our employment relationship at any time, with or without cause, and without prior notice. This At-Will employment relationship will remain in effect throughout my employment with Alger Precision Machining, LLC unless it is specifically modified by an express written employment agreement executed by the President of the Company and me. I understand and agree that this At-Will employment relationship may not be modified by any oral or implied agreement, and no course of conduct, practice, policy, award, promotion, performance evaluation, transfer or length of service can modify this At-Will relationship.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, of which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit, education, or employment record. I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.

Date

Signature