

MANSEA METAL, INC.
Employment Application



APPLICANT INFORMATION													
Last Name				First				M.I.		Date			
Street Address						Apartment/Unit #							
City				State				ZIP					
Phone				E-mail Address									
Date Available								Desired Salary					
Position Applied for				Job Location: Winchester KY <input type="checkbox"/> Mt Zion IL <input type="checkbox"/> Dayton OH <input type="checkbox"/>									
Days Available for Work				No Preference <input type="checkbox"/>				Monday <input type="checkbox"/>		Tuesday <input type="checkbox"/>		Wednesday <input type="checkbox"/>	
Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>		Thursday <input type="checkbox"/>				Friday <input type="checkbox"/>		Saturday <input type="checkbox"/>		Sunday <input type="checkbox"/>	
Have you ever worked for Mansea Metal?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?					
EDUCATION													
High School				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
College				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
Other				Address									
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		Degree			
DRIVER INFORMATION													
What is your means of transportation to and from work?													
Do you hold a driver's license?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		Type: <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL)					
Have you had any accidents in the last 3 years?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, how many?					
Have you had any traffic tickets in the last 3 years?				YES <input type="checkbox"/>		NO <input type="checkbox"/>		If yes, how many?					
CRIMINAL HISTORY - APPLICANTS SHALL BE SUBJECT TO A BACKGROUND CHECK AND DRUG SCREEN													
Have you ever been convicted of a felony?								YES <input type="checkbox"/>		NO <input type="checkbox"/>			
REFERENCES: PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS													
Full Name				Relationship									
Company				Phone									
Address													
Full Name				Relationship									
Company				Phone									
Address													

PREVIOUS EMPLOYMENT

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

Company	Phone
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Address	Supervisor
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Job Title	Starting Salary \$	Ending Salary \$
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Responsibilities

From	To	Reason for Leaving
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May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch	From To
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Rank at Discharge	Type of Discharge
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If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature	Date
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