

ACCEDE MOLD & TOOL CO., INC. EMPLOYMENT APPLICATION

Accede Mold & Tool does not discriminate in employment opportunities or practices because of race, color, religion, sex, sexual orientation, gender identity or expression, citizenship, genetic information, national origin, age, veteran status, familial status, reproductive health decisions, or disability.

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APPLICANT INFORMATION:

Name _____
Last First Middle

Address _____
Number & Street City State Zip Code

Position Desired _____ Full Time Part Time Days Available M T W TH F

Shifts Available A B Date Available to Start _____ Salary Desired _____

Phone Number () Email _____ Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No

(If offered employment, you will be required to provide documentation to verify eligibility.)

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EDUCATION: Please indicate any education or training which you believe qualifies you for the position you are seeking.

High School(s): No. of Years Completed (check one) 1 2 3 4 Diploma: Yes No G.E.D.: Yes No

School _____ City, State _____

School _____ City, State _____

College and/or Vocational School(s):

Number of Years Completed (check one) 1 2 3 4

School _____ City, State _____

Major _____ Degree(s) Earned _____

Number of Years Completed (check one) 1 2 3 4

School _____ City, State _____

Major _____ Degree(s) Earned _____

Other Training or Degree(s):

School _____ City, State _____

Course _____ Degree or Certificate Earned _____

School _____ City, State _____

Course _____ Degree or Certificate Earned _____

ADDITIONAL SKILLS: _____

Have you ever been employed in any facility of Accede Mold & Tool? Yes No

If so, please state your position and dates of employment. _____

Do you know anyone who has worked or currently works at Accede Mold? Yes No Employee's Name(s): _____

EMPLOYMENT: List last employer first including U.S. Military Service.

May we contact your present employer? Yes No

If any employment was under a differnt name, indicate name: _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full Time Part Time No. of Hrs. _____ Reason for Leaving: _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full Time Part Time No. of Hrs. _____ Reason for Leaving: _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full Time Part Time No. of Hrs. _____ Reason for Leaving: _____

Employer _____ Address _____ Telephone _____

Position _____ Dates of Employment: From _____ To _____

Supervisor _____ Department _____ Duties _____

Full Time Part Time No. of Hrs. _____ Reason for Leaving: _____

If you wish to provide additional work experience, include the same requested information as above on a separate document .

Explain any gaps in your work history.

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

If yes, explain: _____

Do you have any medical problems that could affect your job performance or could be aggravated by doing your job?

Yes No Explain: _____

REFERENCES:

PROFESSIONAL

Name _____
Occupation _____
Phone Number (_____) _____

PERSONAL

Name _____
Occupation _____
Phone Number (_____) _____

APPLICANT'S CERTIFICATION AND AGREEMENT

The following is provided by Accede Mold & Tool Co., Inc., hereinafter referred to as "Employer."

I hereby certify that the facts set forth in the above employment application are accurate and complete to the best of my knowledge and authorize Accede Mold & Tool Co., Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Accede Mold & Tool Co., Inc. from all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements or omissions of facts within this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted, I would fully adhere to the Employer's policies, rules, and employment regulations. I further understand that neither the policies, rules and employment regulations nor anything said during the interview process shall constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that the Employer or I may terminate my employment at any time with or without notice or cause.

Applicant Signature: _____ Date: _____