

VALLEY CITY PLATING COMPANY
 APPLICATION FOR EMPLOYMENT- VALID FOR 30 DAYS
 (Please print plainly)

COMPANY POLICY REQUIRES A PRE-EMPLOYMENT PHYSICAL – INCLUDING DRUG AND ALCOHOL TESTING

Note: You must have a valid Social Security Number to be hired by Valley City Plating Date: _____

Name (Last, First, Middle) _____

Present Address _____ Telephone # _____

Are you legally eligible for employment in the U.S.A.? Yes No (If yes, verification will be required)

Are you over the age of eighteen (18)? Yes No

Position(s) applied for _____

Were you previously employed by us? Yes No If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other experiences, skills, or qualification which will be of special benefit in the job for which you are applying? (Applicant should no list any information that Federal and/ or State law precludes obtaining the pre-employment stage.) _____

List any activities, commitments or responsibilities (for example, family members, car pooling, other employment, etc.) which might, in any way, interfere with your ability to work full time, including overtime, in the position for which you are applying? _____

Which of your jobs did you like the best and why? _____

Have you ever been convicted of, or are you presently being charged with a **misdemeanor** or **felony**? If so, where and when and explain the circumstances. Please list everything as this needs to match a background check: _____

Are you presently in the National Guard or Reserve? (If so, identify unit and any service obligations.) _____

RECORD OF EDUCATION

School	Name and address of School	Course of Study	Check Last year completed				Did you Graduate?	List Diploma or Degree
			1	2	3	4		
High	_____	_____	1	2	3	4	_____	_____
	_____		1	2	3	4		
	_____		1	2	3	4		
College	_____	_____	1	2	3	4	_____	_____
	_____		1	2	3	4		
	_____		1	2	3	4		
Other (Specify)	_____	_____	1	2	3	4	_____	_____
	_____		1	2	3	4		
	_____		1	2	3	4		

List below present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone:								
Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone:								
Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone:								
Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone:								

If there is a particular employer(s), you do not wish us to contact, please indicate which one(s).

I hereby waive my right to written notice by my present and/or former employers whenever a disciplinary report, letter or reprimand, or other disciplinary action regarding me is divulged to you by present or former employers. Yes No Signature _____

PERSONAL REFERENCES

Name and Occupation	Address	Phone Number

