Metal Coatings & Mfg. Co., Inc.

Application for Employment

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke- free workplace.

POSITION APPLIED FOR:		DATE:
PERSONAL DATA		
Name:		
Last	Middle	First
Street Address:		
City:	State:	Zip Code:
Telephone:		
If you are under 18 years of age, please s for child labor law purposes).	pecify your age: (This	information will be used only
Are there any days, shifts or hours you will	not work? ☐ Yes ☐ No	
If yes, please explain:		
Are you available for out of town work? \(\sigma\) \(\text{Will you work overtime, if required?}\)		
When will you be able to start work?		
Salary expectations:		
Have you ever been found at fault in a civil a	action for an intentional tort (intent	tional commission of
a wrongful act)? ☐ Yes ☐ No		
Note: Answering "yes" does not automatica	lly exclude you from further consi	ideration for the position.
If yes, include nature of the intentional tort	and the disposition of the action:	
How did you learn of our Company?		· · · · · · · · · · · · · · · · · · ·

If referral, who were you referred by?	·
Have you ever applied or worked at our Company before? \ Yes \ No \ If yes, provide dates: \ Are you legally authorized to work in the United States? \ Yes \ No \ Will you now or in the future require sponsorship for employment visa status (e.g.,H-1B visa status)? \ Yes \ No \ Note: The Federal Immigration and Reform and Control Act of 1986 requires that a DHS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. This federal requirement must be satisfied as a condition of employment. DRIVING RECORD (Answer only if driving is a requirement of the job for which you are applying). Do you have a valid driver's license? \ Yes \ No \ State: \ License No: \ Have you had any tickets? \ Yes \ No \	If referral, who were you referred by?
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Have you had any tickets? ☐ Yes ☐ No	
	Do you have a valid driver's license?
If yes, please explain:	Have you had any tickets? ☐ Yes ☐ No
	If yes, please explain:
	If yes, please explain:

EDUCATION

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for:

Name, City and State of Educational Institution	Gradu	ated	If no, Degree	Type of Degree	Major	Minor	Grade Point/
Educational institution	Yes	No	Credits Earned	Received or Expected	Major	Millor	Overall GPA
High School							
College or University							
Technical/GED							
Licenses/ Certification/Other							

EMPLOYMENT HISTORY:

Please complete for all full-time or part-time employment beginning with most recent employer. You may include as part of your employment history any verified work performed on a volunteer basis. All applicants should start with their most recent job, include active military assignments and voluntary employment and provide ten (10) years of history. (A separate sheet may be attached.) You must explain any gaps in your employment history.

Company Name:		Telephone:
Address:		
		May we contact: ☐ Yes ☐ No
Dates Employed: From:	To:	Rate of Pay: Start:Last:
State job titles and describe job	duties:	
Reason for leaving:		
Reason for leaving:		
		Telephone:
Company Name:		Telephone:
Company Name:		Telephone:
Company Name: Address: Name of Supervisor:		Telephone:
Company Name:Address:Name of Supervisor:Dates Employed: From:	To:	Telephone: May we contact: ☐ Yes ☐ No

Company Name:		Telephone:	
Address:			
Name of Supervisor:		May we contact: ☐ Yes ☐ N	0
Dates Employed: From:	To:	Rate of Pay: Start:Last: _	
State job titles and describe job	o duties:		
Reason for leaving:			
Company Name:		Telephone:	
Address:			
Name of Supervisor:		May we contact: ☐ Yes ☐ N	0
Dates Employed: From:	To:	Rate of Pay: Start: Last: _	
State job titles and describe job	o duties:		
Reason for leaving:			
	your last 12 months	-	
		ne last 12 months of active employment?	
		licitation agreement with any other employer that may be required to furnish a copy of the agreem	
If yes, please explain:			

REFERENCES (Please list three persons not related to you who know your qualifications.)

ADDRESS	PHONE	RELATIONSHIP
	ADDRESS	ADDRESS PHONE

Branch of Service:	Number of Years /Months of Service:
Rank at Discharge;	Date of Discharge:
Reason for Leaving:	
Describe any military skills, training or	experience you believe are relevant to the job you applied for:

APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein (including but not limited to the Commercial Motor Vehicle Driver Supplement if applicable) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers in any application document may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document may be cause for my dismissal at any time without prior notice.

I consent to and authorize this Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the Company (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR MY EMPLOYER WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTE AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND THE EMPLOYER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE COMPANY.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination; submit to a background investigation or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, my employment is contingent on a satisfactory result on all required tests. I authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.

Signature:	Date: