



m

SPROCKET & GEAR, INC.  
APPLICATION FOR EMPLOYMENT



We appreciate your interest in employment at m !

This application must be completed and signed by **YOU**, here in this office, before your application for employment is considered complete. If you have questions about how to complete this form, please ask the person who gave you the application.

m is an Equal Opportunity Employer.

As an applicant for employment you may be sent to our physician, at our expense, for a Pre-Employment Drug Screen.

In compliance with the Immigration Reform and Control Act of 1986, we only hire citizens and aliens lawfully authorized to work in the United States.

Should you require reasonable accommodation to complete the application process, including testing or demonstration of performing job-related duties, you should request such accommodation prior to, or at the time, such tests are scheduled. m reserves the right to require documentation of the need for accommodation.

By completing this application, and submitting it for consideration for employment, I authorize investigation of all statements contained in this application. If employed, I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that if hired, my employment is for no definite period, and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date \_\_\_\_\_

Signature \_\_\_\_\_

## PERSONAL INFORMATION

Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Are You at Least 18 Yrs. of Age? \_\_\_\_\_  
Driver's License Number \_\_\_\_\_ Valid in Which State? \_\_\_\_\_

## HOME ADDRESS

### CURRENT

Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_ How long? \_\_\_\_\_

### PREVIOUS

Street \_\_\_\_\_  
City/State \_\_\_\_\_  
Zip \_\_\_\_\_ How long? \_\_\_\_\_

US Citizen/Legal Resident?

Yes  No

If NO, authorized to work in the USA?

Yes  No

Have you ever applied to work at m before? Yes  No  If YES, Where? \_\_\_\_\_  
When? \_\_\_\_\_

Have you ever been employed by m before? Yes  No  If YES, Where? \_\_\_\_\_  
When? \_\_\_\_\_

Do you have any relatives employed at m ? Yes  No  If YES, Where? \_\_\_\_\_

Available to work Saturday? Yes  No  Sunday? Yes  No  Overtime? Yes  No

Shift Preference: Day (1<sup>st</sup> shift)  Night(2<sup>nd</sup> shift)

Are you willing to take a drug screen as part of the application process? Yes  No

Have you ever been convicted of a crime (omit minor traffic citations)? Yes  No

If YES, give date and nature of crime \_\_\_\_\_  
\_\_\_\_\_

List hobbies or current interests: \_\_\_\_\_  
\_\_\_\_\_

## JOB INTEREST

### POSITION APPLIED FOR

1. \_\_\_\_\_ Weekly Rate(Gross)Desired \_\_\_\_\_

2. \_\_\_\_\_ Date Available \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

# EDUCATION, TRAINING AND MILITARY EXPERIENCE

High School \_\_\_\_\_  
(Name) (Location)

Did you graduate? Yes  No  If NO, do you have a GED? Yes  No

No. of years completed \_\_\_\_\_

Business/Trade School \_\_\_\_\_  
(Name) (Location)

Did you graduate/complete course requirement? Yes  No  Course of Study \_\_\_\_\_

If YES, degree/certification received \_\_\_\_\_ No. of years completed \_\_\_\_\_

College \_\_\_\_\_  
(Name) (Location)

Did you graduate/complete course requirement? Yes  No  Course of Study \_\_\_\_\_

If YES, degree/certification received \_\_\_\_\_ No. of years completed \_\_\_\_\_

List current licenses/certification held \_\_\_\_\_

\_\_\_\_\_

Check below any particular skills you have – list any additional skills you wish us to consider:

Personal Computers, List software you are proficient with: \_\_\_\_\_

<input type="radio"/> 10-Key Calculator –By Touch	<input type="radio"/> Mail Room Experience	<input type="radio"/> Turret Lathe	<input type="radio"/> Welding Equipment
<input type="radio"/> Typewriter – Electric _____WPM	<input type="radio"/> Blue Print Reading	<input type="radio"/> Milling Machine	<input type="radio"/> Fork Truck Operator
<input type="radio"/> Dictaphone _____WPM	<input type="radio"/> CNC Machines	<input type="radio"/> Other _____	
<input type="radio"/> PBX Switchboard ____Calls Per Day			

Have you ever had to wear safety/personal protective equipment in a previous job? Yes  No

If YES, explain: \_\_\_\_\_

Have you ever received disciplinary action for violation of a Company Safety Policy? Yes  No

If YES, describe: \_\_\_\_\_

What languages do you speak fluently? \_\_\_\_\_

Write fluently? \_\_\_\_\_ Read fluently? \_\_\_\_\_

**MILITARY EXPERIENCE**

Were you ever in any branch of the Armed Forces? Yes  No  Honorable Discharge? Yes  No

If YES, complete the following:

Active Duty Dates		Branch of Service	Rank at Discharge	Duties in Service
Entered	Discharged			

Are you currently in the Armed Forces, including the National Guard or Reserves? Yes  No

If YES, explain giving your current responsibilities to this branch of the Military? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY AND WORK EXPERIENCE

Beginning with your current or most recent employer, list your complete job history and work experiences. Account for any lapses in employment. Request additional paper, if necessary.

DATES	PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF EMPLOYER	TYPE OF BUSINESS	RATE OF PAY	
From				To	Start
YOUR JOB TITLE		SUPERVISORS NAME	SUPERVISORS TITLE	PHONE	
DESCRIBE IN DETAIL THE WORK YOU DID			REASON FOR LEAVING		
			MAY WE CONTACT? Yes <input type="radio"/> No <input type="radio"/>		
DATES	PAST EMPLOYER	ADDRESS OF EMPLOYER	TYPE OF BUSINESS	RATE OF PAY	
From				To	Start
YOUR JOB TITLE		SUPERVISORS NAME	SUPERVISORS TITLE	PHONE	
DESCRIBE IN DETAIL THE WORK YOU DID			REASON FOR LEAVING		
			MAY WE CONTACT? Yes <input type="radio"/> No <input type="radio"/>		
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			MAY WE CONTACT? Yes <input type="radio"/> No <input type="radio"/>		