



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 (1st shift) Night(2nd 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"/> PBX Switchboard ____Calls Per Day	<input type="radio"/> Other _____		

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"/>		