

# EMPLOYMENT APPLICATION

Technical Metals, Inc.  
1301 W. Oak P.O. Box 140  
Fairbury, IL 61739  
AN EQUAL OPPORTUNITY EMPLOYER

*Technical Metals, Inc. does not discriminate on the basis of race religion, national origin, color, sex, age, or disability. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.*

Answer all questions fully and accurately. All information will be treated confidentially.

## PERSONAL DATA

DATE

NAME: \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

*Last*

*First*

*Middle*

ADDRESS:

*Street Address*

*City*

*State*

*Zip Code*

Position applied for: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Are you above the minimum legal age?  yes  no

*If you are applying for a job with minimum age requirements, you may be required to submit proof of age.*

Are you legally eligible to work in the United States?  yes  no

*If hired, you will be required to produce proof of eligibility to work in the United States, in accordance with the Immigration Reform and Control Act of 1986.*

Have you ever been convicted of a felony?  yes  no

If yes, please explain: \_\_\_\_\_

*Eligibility to be hired will not necessarily be affected by a positive response.*

Are you able to perform the essential functions of the job for which you are applying either without accommodations or with a reasonable amount of accommodation?  yes  no

## GENERAL DATA

Have you ever applied here before?  yes  no If yes, when?

Have you ever been employed here?  yes  no If yes, when?

Will you work second shift?  yes  no

Will you work overtime as needed?  yes  no \_\_\_\_\_ other

**EMPLOYMENT EXPERIENCE DATA**

List names of employers in consecutive order **with present or last employer listed first**. If self employed, please give company name and supply business references. (Continue on separate sheet if necessary.)

EMPLOYER INFORMATION	EMPLOYED	PAY	TITLE	REASON FOR LEAVING	NAME OF LAST SUPERVISOR
Name, Address and Telephone:	From: To:	Start: Final:			
1.					
2.					
3.					
4.					

**EDUCATIONAL DATA**

*Beginning with the most recent, list all schools attended (include vocation/technical training courses):*

School Name and Location	Years Completed; Honors Received; Diploma/Degree	Major Course of Study

**REFERENCES**

*Provide three references who are not related to you:*

NAME	COMPANY	ADDRESS	TELEPHONE
1.			
2.			

NAME	COMPANY	ADDRESS	TELEPHONE
3.			

**Disclaimer**

*As part of the hiring process, Technical Metals, Inc. will be checking references. Technical Metals may contact the references identified above and may also contact past employers to ask questions relating to work experiences. I also understand that if offered the position, I may be required to take a physical examination. If accepted for employment, I agree to abide by all policies and procedures. If employed, I understand that my employment may be terminated at any time without notice or cause, by Technical Metals or myself. I understand that no representative of Technical Metals, other than the President or his authorized representative, has authority to enter into any oral or written agreement for employment. I understand that my employment is for no defined period of time and if terminated, Technical Metals is liable only for wages and benefits earned as of the date of termination.*

**I have read and fully understand the above paragraph.**

**Signed:**

**Dated:**

***All new hires are required to pass a pre-employment drug test before they will be allowed to start working at Technical Metals.***

## Drug Testing Consent Form

I have applied for employment with Technical Metals Inc. in a position that requires me to operate a machine or truck. As a condition for my application being considered, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Technical Metals Inc. for a machine operator or truck driver position.

I hereby authorize OSF medical professional retained by Technical Metals Inc. for screening and to provide the results to Technical Metals Inc., and I release Technical Metals Inc. and any person affiliated with Technical Metals Inc. and any such institution or person conducting the screening, from liability therefore.

Applicant's signature: \_\_\_\_\_

Applicant's name: \_\_\_\_\_

Date: \_\_\_\_\_