

APPLICATION FOR EMPLOYMENT Page 1 of 4



See last page for instructions on how and where to send completed application

We are an Equal Opportunity Employer

PERSONAL INFORMATION

Name: _____
Last First Middle

Any other name you have used in connection with employment, education, U.S. Military service, or any Criminal conviction or pending felony charge: _____

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone Number: _____ Are you 18 years or older? Yes No

Describe any U.S. Military Service (Include Branch, Rank, Nature and Date of Discharge): _____

Are you presently in the National Guard or Reserve? Yes No (If so, identify unit and any service obligations): _____

Have you ever been convicted of a crime or are you presently charged with a felony? Yes No If so, where and when, and explain circumstances: _____

EMPLOYMENT DESIRED

Position _____ Date you can start: _____ Salary desired: _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No Where? _____
When? _____

Have you ever worked for this Company before? Yes No Where? _____
When? _____

Relatives employed by Company? Yes No If so, who? _____

Do you have any activities, commitments or responsibilities (for example, school, 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? Yes No If so, describe? _____

PROFESSIONAL REFERENCES (Give the names of three persons not related to you)

Name	Business	Years Acquainted	Phone Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

See last page for instructions on how and where to send completed application

We are an Equal Opportunity Employer

FORMER EMPLOYMENT

(List below ALL employment history up to last six employers, starting with the last one first.

Date (Mo & Yr}	Name and Address of Employer	Reason for leaving	Salary	Position/Job Duties
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____
From: _____ To: _____	_____	_____	_____	_____

Describe fully the nature of the work in your present (or most recent) job: _____

Which of your jobs did you like best and why: _____

What special skills or knowledge do you have which will aid you in qualifying for employment (include tools and machines): _____

Education	Name and Location of School	Subjects Studied	Number of Years Attended	Did You Graduate?
Grammar School	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
High School	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
College, Trade, Business or Correspondence School	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
General Subjects of Special Study or Research Work	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>

See last page for instructions on how and where to send completed application

We are an Equal Opportunity Employer

**READ CAREFULLY AND SIGN BELOW IF YOU
AGREE TO THESE TERMS OF EMPLOYMENT**

1. I understand and agree that if I become an employee my employment will be at will and may be terminated by me or the Employer at any time for any cause or no cause. I understand and agree that no officer, agent or employee of the Employer has any authority to limit in any way the Employer's right to terminate employment at will, or to offer employment other than on an at-will basis. I also understand and agree to the Employer's policy that the Employer's decisions on all employment related matters are final, and are not subject to review or appeal outside the Employer except as required by laws providing or requiring employers to provide specific employment standards and rights.
2. I agree that except as prohibited by statute the Employer may, during or after my employment, disclose or discuss any information or opinions relating to me or my employment to employees of the Employer or third parties. I waive written or other notice of any such disclosure (including disclosure of disciplinary matters), and I release and promise not to make any claims against the Employer (or its employees, directors, owners or agents) relating to any such disclosure or discussion.
3. I agree that except at the request and for the benefit of the Employer, I will not disclose to anyone or use for my own purposes any non-public information about the Employer, its practice, patients, and employees. I agree that if my employment with the Employer ends, I will deliver to the Employer all material of any kind that I have relating to the Employer, including any such copies or notes.
4. I agree that any claim or lawsuit relating to my application for employment or my employment with the Employer, or relating to the termination of such employment, must be filed with the appropriate government agency or court within 6 months after the act or omission that is the subject of the claim or lawsuit, and I waive any statute of limitations to the contrary. I understand that this means that even if the law would normally give me the right to wait a longer time to file a claim or lawsuit, I am waiving that right, and that any claim or lawsuit not filed within the above 6 months period will be barred.
5. I represent that in considering employment with I am not relying and will not rely on statements or information other than as set forth in this application, and I waive and release any claims against the Employer (and its affiliated entities, and their officers, directors, owners, employees and agents), arising out of or related to any such statements or information, or relating to any failure by the Employer to disclose any information.
6. I agree to the above terms of employment. I understand and agree that, except as provided above, all benefits, programs, rules and policies of the Employer are subject to exceptions or change at will at any time as decided by the Employer.

Date:

Signature of Applicant

See last page for instructions on how and where to send completed application

We are an Equal Opportunity Employer

**SUPPLEMENT
AUTHORIZATION AND WAIVER**

I authorize Metalworks to request any information and opinions about me from my former employers, references, educational institutions, and any credit agencies or reporting services which have information about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to Metalworks any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Date:

Signature of Applicant

To fill out by hand, print and send completed form to:

Metalworks Career
902 East 4th St.
Ludington, MI 49431

For filling out electronically, save completed form to your computer and email to careers@metalworks1.com