

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE					
PLEASE COMPLETE	ALL PAGES		D	ate:	
Name:					
Last	First	Middle		Maiden	
Present Address:					
Number	Street	City	Sta	ate Zi	р
How Long:					
Telephone:		cell		home	
If under 18, please lis	t age:				
Position Applied For:			Days/	Hours Available	to Work:
Salary Desired:				ef Thur Fri	
			Tue _	Sat _	, _
			Wed .	Sun	
How many hours can	you work weekly?	Can you work	nights	?	
Employment Desired					
When available for we	☐ FULL-TIME ON	ILY PART-TIME ONL	Y 🗖	FULL- OR PAR	Г-ТІМЕ
when available for work?					
EDUCATION & OTHER INFORMATION					
TYPE OF SCHOOL	NAME OF	LOCATION		NO. OF	MAJOR &
	SCHOOL	(Complete mailing add	ress)	YEARS COMPLETED	DEGREE
High School					
College					
Bus. or Trade School					
Professional School			<u> </u>		

Do you have a driver's license? ☐ Yes ☐ No				
What is your means of transportation to work?				
Driver's License Number: State of issue: □ Operator □ Commercial (CDL) □ Chauffeur				
Expiration Date:	, , ,			
Have you had any accidents during the past three years? How many?				
Have you had any moving violations during the pa	ast three years? How Many?			
OFFICE POS	TIONS ONLY			
Typing ☐ Yes ☐ 10-key ☐ Yes ☐ No ☐ WPM ☐ N				
Personal Yes PC Other Skills Computer No Mac	S:			
Please list two references other that	an relatives or previous employers.			
Name:	Name:			
Position:	Position:			
Company:	Company:			
Address:	Address:			
Telephone:	Telephone:			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.				

MILITARY				
Have you ever been in the armed forces? ☐ Yes ☐ No				
Are you now a member of	of the national guard?			
On a sink.		'es	□ No	
Specialty	Date Entered Discharge Date			
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.			
	Job One			
Name of Employer:	of Employer: Name of Last Supervisor		Employment Dates	Salary
Complete Address:	Complete Address:		From:	Start:
			То:	Final:
Phone Number:	Your Last Job Title:			
Reason for Leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
	Job Two			
Name of Employer:	Name of Last Superviso	r:	Employment Dates	Salary
Complete Address:			From:	Start:
			То:	Final:
Phone Number:	Your Last Job Title:			
Reason for Leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
•	•			

Job Three				
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary	
Complete Address:		From:	Start:	
		То:	Final:	
Phone Number:	Your Last Job Title:	,		
Reason for Leaving (be specific):				
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.				
Did you complete this application yourself? ☐ Yes ☐ No				
If not, who did?	u res	□ INU		

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Threaded Fasteners, Inc.(hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Threaded Fasteners Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Threaded Fasteners, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that the misrepresentation or omission of facts called for in this application is cause for dismissal at any time without any previous notice.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.