



# Production Stamping

## Quality Answers

9600 Fallon Avenue  
Monticello, Minnesota 55362

### APPLICATION FOR EMPLOYMENT

(Production Stamping is an Equal Opportunity Employer)

<b>PERSONAL INFORMATION</b>				
				Date
Name			Social Security Number	
Last	First	Middle		
Present Address				
Street		City	State	Zip
Permanent Address				
Street		City	State	Zip
Phone Number	Are you 18 years of age or older?		Yes	No
Are you prevented from lawfully becoming employed in the country because of visa or immigration status?		Yes _____	No _____	

LAST

<b>EMPLOYMENT DESIRED</b>		
Position	Date You Can Start:	Salary Desired
Are you employed now?	If so, may we inquire of your present employer?	
Ever applied to Production Stamping before?	Where?	When?
Referred by		

FIRST

EDUCATION	Name and location of school	Number of years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College/University				
Trade, Business or Correspondence School				

MIDDLE

<b>GENERAL</b>	
Subjects of special study or research work	
Special Skills	
Activities (civic, athletic, etc.)	
(Exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color or nation of origin of its members)	
US Military or Naval Service	Rank
Present membership in National Guard or Reserves	

**FORMER EMPLOYERS** (List below the last three employers starting with the last one first)

Date, Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

Which of these jobs did you like best?

What did you like most about this job?

**REFERENCES** (Give the names of three persons not related to you whom you have known at least one year)

Name	Address	Business	Years Acquainted
1			
2			
3			

In Case of  
Emergency Notify

Name

Address

Phone Number

"I certify that all the information submitted by me is true and complete and I understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations and agree that my employment and compensation can be terminated with or without cause and with or without notice at any time at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed with or without cause and with or without notice at any time by the company. I understand that no company representative, other than its President, and then, only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

Date:

Signature:

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY

DATE

REMARKS:

NEATNESS

ABILITY

HIRED Yes No

POSITION

DEPARTMENT

SALARY/WAGE

DATE REPORTING TO WORK

APPROVED 1.

2.

3.

EMPLOYMENT MANAGER

DEPARTMENT HEAD

GENERAL MANAGER

This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.