

Midwest Patterns, Inc.

An Equal Opportunity Employer

Application for Employment

Employees of the Midwest Patterns, Inc. and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age. As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the office at MPI.

1. Position applied for _____ Date: _____

2. Social Security No. _____ (Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration Social Security number may be required on other forms prior to employment.)

3. Full Legal Name: _____ 4. Home Phone _____
Last First Middle

5. Address _____ 6. Business Phone _____

_____ City State Zip

7. EDUCATION

a. Circle highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12 Year Completed _____ Date Received _____

b. If you did not complete high school, do you have a high school equivalency diploma? Yes / No

c. Circle number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended

d. If you expect to complete an educational program in the near future, please indicate what type of degree or program and expected completion date:

8. **EXPERIENCE**— Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Emphasize your knowledge; skills and abilities, which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. **May we contact your present supervisor?** Yes / No

a. **Job Title** _____ **Duties:** _____

Employer _____

Address _____

_____ Phone _____

Type of business _____ Immediate supervisor _____

Title _____ Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____ Equipment / software used _____

Dates (mo/yr) _____ to (mo/yr) _____ Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____ Your name if different from present _____

b. Job Title _____

Duties: _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____

Equipment / software used _____

Dates (mo/yr) _____ to (mo/yr) _____

Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____

Your name if different from present _____

c. Job Title _____

Duties: _____

Employer _____

Address _____

_____ Phone _____

Type of business _____

Immediate supervisor _____

Title _____

Number and titles of employees you supervised _____

Salary (start) _____ (finish) _____

Equipment / software used _____

Dates (mo/yr) _____ to (mo/yr) _____

Reason for leaving _____

Full-time _____ Part-time _____ Hours/week _____

Your name if different from present _____

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, special achievements or specialized skills: _____

e. License (to include driver's), certificate or other authorization to practice a trade or profession.

Type	License Number & Expiration Date	Granted by (licensing board)

f. Specialized Skills Check Skills/Equipment Operated

___ Blue print Reading ___ CAD System ___ CNC Programming ___ CNC Machining ___ Welding ___ Planers ___ Wood Saws

___ Bridgeport's ___ Lathes ___ Overhead Cranes ___ Routers ___ Drill Presses ___ Joiners ___ Carpentry ___ Torches ___ Soldering

Air-operated hand tools you can run proficiently: _____

_____ Others: _____

11. REFERENCES

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. MISCELLANEOUS

a. Check which shift you will accept: Day Night Weekends Temporary Specify shift hours _____

b. Check which job status you would accept: Full-time Part-time (specify)

c. Are you willing to accept employment, which requires you to travel? No Yes. If yes, during the day only, occasionally overnight, frequently overnight.

d. For purposes of compliance with the Immigration Reform and Control Act, are you legally eligible for employment in the United States?

Yes No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.

e. Are you willing to provide your own transportation if necessary for your employment? Yes No.

f. If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No.

g. For purposes of compliance, are you a veteran who received an honorable discharge and served more than 180 consecutive days of full-time active duty in the US Army, Navy, Air Force, Marines, or reserve components thereof, including the National Guard? Yes No.

h. Have you ever been convicted* for any violation(s) of law, including moving traffic violations? YES NO. If YES, please provide the following:

Description of offense: _____

Statute or ordinance (if known): _____ Date of Charge: _____ Date of Conviction: _____

County, City and State of Conviction: _____

(For additional convictions use plain paper. Include all information listed above.)

* Convictions include Illinois juvenile adjudications for Capital Murder, First and Second Degree Murder, Lynching, or Aggravated Malicious Wounding, if you were age fourteen (14) to eighteen (18) when charged.

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)

Month Day Year.

14. CERTIFICATION— Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment in the service of Midwest Patterns, Inc. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent to references and former employers and educational institutions listed being contacted regarding this application. I further authorize that Midwest Patterns, Inc. to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the Personnel Advisor.

Date _____ Applicants Signature _____

How did you find out about this employment opportunity?

- Newspaper*
- Radio/TV*
- Illinois Employment Agency
- Friend
- Relative
- Walk -In
- Other (please specify)

*Specify name of newspaper or other media _____