

MOTOR CITY STAMPING APPLICATION FOR EMPLOYMENT

The following information is requested in order to help us make the best possible placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in filling out this application form.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

This application will remain current for **three (3) months**. Please reapply thereafter if you wish to continue to be considered for employment with Motor City Stamping.

<u>PERSONAL INFORMATION</u>			Date (MM/DD/YY):	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Last	First	Middle	
Primary Phone:	<input type="text"/>	Secondary Phone:	<input type="text"/>	
Present Address Street:	<input type="text"/>			
Present City, State, Zip:	<input type="text"/>			
Former Address Street:	<input type="text"/>			
Former City, State, Zip:	<input type="text"/>			
Have you attained the age of 18?	<input type="radio"/>	Yes	<input type="radio"/>	No
Are you a U.S. Citizen or a permanent resident alien?	<input type="radio"/>	Yes	<input type="radio"/>	No
If not, what is your immigration status?	<input type="text"/>			
If related to anyone in our company, state name:	<input type="text"/>			
Referred by:	<input type="text"/>			

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EMPLOYMENT DESIRED

All positions are full time.

Position desired:

Are you employed now?

Yes No

May we inquire of your current employer?

Yes No

Are you on layoff and subject to recall?

Yes No

Date you can start (MM/DD/YY):

Wage/Salary desired:

Can you work overtime?

Yes No

Do you agree to work any shift to which you are assigned?

Yes No

Will you work nights, Saturdays, Sundays, or Holidays
when assigned?

Yes No

Veteran of United States military service?

Yes No

Branch?

Dates of service

From (MM/DD/YY):

To

Presently serving in the National Guard or Reserve?

Yes No

Have you previously applied or been interviewed by
Motor City Stamping?

Yes No

Have you ever worked at Motor City Stamping before?

Yes No

If yes, what date(s) and which department(s)?

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FORMER EMPLOYERS

(List your last three employers below, starting with your present or last job held.)

Date MM/YY	Name and Address of Employer	Employer's Telephone Number	Rate per Hour/ Week	Position or Title	Supervisor's Name or Title	Reason(s) for Leaving
<input style="width: 100%; height: 20px;" type="text"/> To <input style="width: 100%; height: 20px;" type="text"/>						
<input style="width: 100%; height: 20px;" type="text"/> To <input style="width: 100%; height: 20px;" type="text"/>						
<input style="width: 100%; height: 20px;" type="text"/> To <input style="width: 100%; height: 20px;" type="text"/>						

EDUCATION

(List the schools you have attended below, starting with your present or last school attended.)

Date MM/YY	Name and Address of School	Years Attended	Did You Graduate?	Subjects Studied
<input style="width: 100%; height: 20px;" type="text"/> To <input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/> To <input style="width: 100%; height: 20px;" type="text"/>				
<input style="width: 100%; height: 20px;" type="text"/> To <input style="width: 100%; height: 20px;" type="text"/>				

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REFERENCES

(List below names of three people not related to you, whom you have known at least one year.)

Name	Address	Phone No.	Years Known

GENERAL

(All applicants please complete the following questions.)

1. Have you ever been discharged by a previous employer for the theft of money or merchandise? Yes No

If yes, please explain:

2. Have you ever been fired or asked to resign? Yes No

If yes, please explain:

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GENERAL (continued)

(All applicants please complete the following questions.)

ONLY ANSWER QUESTIONS 3 AND 4 IF SPECIFICALLY REQUESTED.

3. Have you ever been bonded? Yes No

If yes, on what jobs?

4. Have you ever lost your drivers license? Yes No

If yes, please explain:

5. Have you ever been convicted of a crime? Yes No

(Criminal conviction is not an automatic bar to employment.)

If yes, please explain:

6. Are there any felony charges pending against you? Yes No

If yes, please explain:

I understand that any offer of employment I receive is conditional upon a medical examination which includes a physical examination by a doctor and a drug screening test. I agree to complete a health evaluation form as part of that physical examination. If offered employment, I understand that if I am a qualified individual with a disability or a handicapper in need of reasonable accommodation for employment, I must notify Motor City Stamping in writing within 182 days after the need to accommodate is known. However, this does not waive the individual's rights under title 1 of the Americans with Disabilities Act of 1990, as amended, which imposes no time limit and does not require accommodation request to be in writing.

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IN CASE OF EMERGENCY, NOTIFY:

Name	<input type="text"/>	Address	<input type="text"/>	Phone	<input type="text"/>
Employer (if any):	<input type="text"/>	Bus. Phone	<input type="text"/>		

I certify that the information contained in this application is true, complete, and correct and that I understand and agree that any falsification of this information, misleading statement, or omission of fact in any respect may result in disqualification from further consideration for employment or dismissal if I become employed by Motor City Stamping. I authorize any entity or person listed above to give you any and all legal information and records concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing this legal information.

I recognize and agree that if I am employed I will conform to the policies, rules, and regulations of Motor City Stamping. I also understand and agree that my employment and compensation may be terminated at any time and for any reason, with or without notice and with or without cause at the option of either Motor City Stamping or myself and that I am an employee at will. I further understand that, if employed, my salary, benefits, conditions of employment and the rules and regulations to which I am subject may be changed by Motor City Stamping at any time.

I further recognize that nothing in any document published by Motor City Stamping shall in any way modify the above conditions and that these conditions cannot be modified in any way by any oral or written representations made by anyone employed by Motor City Stamping except by a written agreement signed by its Chief Executive and myself.

DATE (MM/DD/YY)	<input type="text"/>	SIGNATURE	<input type="text"/>
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CONSENT TO PRE-EMPLOYMENT PHYSICAL EXAMINATIONS

Subsequent to an offer of employment, I agree to complete a medical examination, at a medical facility designated by Motor City Stamping, which will include a physical examination by a doctor and a drug screening test.

I understand that I am responsible for the payment of the drug test, which will be deducted from my first check from the company, and that picture identification is required at the clinic. The cost of the drug screen is **\$30.00**, which will be reimbursed to me after the end of my probationary period.

I further understand that if I am terminated for any reason I will not be reimbursed the cost of the drug screen. **I also consent to Motor City Stamping deducting the cost of the pre-employment physical examination from the last paycheck if I voluntarily terminate my employment at Motor City Stamping within 90 days from the commencement of my employment.**

DATE (MM/DD/YY)	<input type="text"/>	SIGNATURE	<input type="text"/>
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