



Tool & Mold
INCORPORATED

APPLICATION FOR EMPLOYMENT

_____ Date

G.H. Tool & Mold, Inc. is an equal opportunity employer. All decisions concerning job application procedures, employment, advancement, discharge, compensation, training, and other terms, conditions, and privileges of employment are made without regard to race, color, sex, religion, genetic information, ancestry, age, national origin, protected disability, or veteran status.

Name _____ Social Security Number _____

Present Address _____

City, State, ZIP _____

Preferred Phone _____ Alternate Phone _____

Are you 18 years of age or older?	Do you have the legal right to work in the U.S.?
Position for which you are applying	Salary desired
Have you ever applied to this company before?	If so, when?
Are you currently employed?	If so, may we contact this employer?
Have you ever pleaded guilty or been convicted of a crime other than a summary offense?	If yes, explain.
Have you ever been discharged or asked to resign from a job?	If yes, explain.
How were you referred to this company?	If selected for employment, on what date would you be available for work?

EDUCATION

	Name and location of school	Number of years attended	Did you graduate?	Subjects studied
Grammar School				
High School				
College				
Trade, Business, or Correspondence School				
Other Formal Training or Certification				

GENERAL

U.S. Military Service (include Rank)

Are you presently a member of the National Guard or Reserves?

Special Skills:

PLEASE INDICATE SHIFT PREFERENCE

(1 = first choice, 3 = last choice, X = cannot work)

	Days (i.e., 6 a.m. to 5 p.m.)
	Nights (i.e., 5 p.m. to 3 a.m.)
	Weekends (i.e., 5 a.m. to 5 p.m. Fri – Sun)

EMPLOYMENT HISTORY

List last employer first. Include US military service. Do not leave any information blank.

Start Date	Employer Name	Position Held	Reason for Leaving
End Date	Address		
Salary	City/State	Supervisor's Name	
	Phone		
Start Date	Employer Name	Position Held	Reason for Leaving
End Date	Address		
Salary	City/State	Supervisor's Name	
	Phone		
Start Date	Employer Name	Position Held	Reason for Leaving
End Date	Address		
Salary	City/State	Supervisor's Name	
	Phone		

REFERENCES

List three persons not related to you, whom you have known for at least one year.

Name	Business	Address/Phone	Years Acquainted

Can you, with or without reasonable accommodations, perform the essential functions for the position(s) for which you are applying? Yes _____ No _____

If not, please list the reasons _____

IN CASE OF EMERGENCY, notify _____

Daytime Phone _____ Evening Phone _____

I certify that all the information submitted by me on this application 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 G.H. Tool & Mold's rules and regulations, and I 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 G.H. Tool & Mold. I understand that no G.H. Tool & Mold representative, other than it's president, and then only in writing and when 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.

Signature _____ Date _____

I hereby authorize any individual, company, or institution with whom I have been associated to furnish G.H. Tool & Mold, Inc. with any information concerning my employability which they have on record or otherwise. I hereby release any individual, company, or institution and all individuals connected therewith, including G.H. Tool & Mold, Inc. from all liability or any damages whatsoever incurred in furnishing such information. This waiver does not permit the release or use of disability-related, genetic, or medical information in a manner prohibited by federal or state law.

Signature _____ Date _____