



PLASTICS • TOOLING • AUTOMATION

Application for Employment

Please complete this Application in ink, in its entirety, to insure appropriate processing.

Position of Interest: _____	Date: _____
Shift/Hrs. Desired: _____	Hourly Wage/Salary Desired: _____
Date Available: _____	

Personal Information:

Name: _____
Last First Middle

Present Address: _____
Number Street City State Zip Code

Home Phone: _____ Cell Phone: _____

- Can you, after being hired, verify your legal right to work in the United States? Yes No
 (Under IRCA of 1986, documents verifying your identity and legal right to work in the U.S. will be required upon hire.)
- Are you at least 18 years of age? Yes No
- Have you been convicted of a felony within the last 7 years, which has not been annulled, expunged, or sealed by the court? (A "Yes" answer will not automatically disqualify you.) Yes No
 If yes, please explain nature of crime, when, where, and disposition of case: _____

- How were you referred to Reed City Tool, Inc. _____
- Do you have any relatives or friends currently employed with us? Yes No

If yes, please provide details:

Name	Relation
_____	_____
_____	_____
_____	_____

Education Information:

	Name & Location	Did You Graduate?	Degree Received / Major	GPA	Dates Attended
High School:		Yes / No			
College/University:		Yes / No			
Technical/Trade School:		Yes / No			
Graduate Study:		Yes / No			
Other:		Yes / No			



Employment Information:

Please list all employment beginning with your current or most recent employer. Include both full- and part-time positions held and military service.

Company Name:	Dates Employed: From: _____ To: _____	
Address & Phone Number:	Beginning Base Pay:	Ending Base Pay:
Name of Supervisor:	Other Compensation:	
Position Title/Responsibilities:	Reason for Leaving:	

Company Name:	Dates Employed: From: _____ To: _____	
Address & Phone Number:	Beginning Base Pay:	Ending Base Pay:
Name of Supervisor:	Other Compensation:	
Position Title/Responsibilities:	Reason for Leaving:	

Company Name:	Dates Employed: From: _____ To: _____	
Address & Phone Number:	Beginning Base Pay:	Ending Base Pay:
Name of Supervisor:	Other Compensation:	
Position Title/Responsibilities:	Reason for Leaving:	

Company Name:	Dates Employed: From: _____ To: _____	
Address & Phone Number:	Beginning Base Pay:	Ending Base Pay:
Name of Supervisor:	Other Compensation:	
Position Title/Responsibilities:	Reason for Leaving:	

Company Name:	Dates Employed: From: _____ To: _____	
Address & Phone Number:	Beginning Base Pay:	Ending Base Pay:
Name of Supervisor:	Other Compensation:	
Position Title/Responsibilities:	Reason for Leaving:	

May we contact your current employer? Yes No

Please list any other names under which you may have been employed that would assist us in verifying your application information:



Please account for any periods of unemployment below:

Dates of Unemployment	Reason

- Memberships in professional or civic organizations (Please exclude those that may disclose your race, color, religion, sex, age, national origin, disability, or any other legally protected class under applicable local, state or federal law):

- Please list any languages that you speak or write fluently: _____

Skills:

Check the skills in which you have proficiency.

<u>Computers</u>	<u>Manufacturing/Assembly</u>
Windows Microsoft Word Microsoft Excel Access Other _____	Welding Types _____ CNC Programming Equipment _____ Precision Instruments (calipers/micrometers) Lathe Mill Grinder Extrusion Type _____ Molding Type _____ General Assembly
<u>Typing/Data Entry</u>	
10-Key by touch Approx. Speed _____ Typing Approx. WPM _____	

- Please state any additional information you feel may be helpful to us in considering your application:

Essential Job Functions: Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation? Yes ____ No ____



Certification:

I certify that all of the information furnished on this Application is true, complete, and correct. I understand and agree that any falsification, misrepresentation or omission of fact either on this Application or during the pre-hire process will be reason for (1) my not being offered employment or (2) dismissal at any time from the service of the Company if employed.

In exchange for consideration of my application for employment with Reed City Tool, Inc. and/or continued employment, I agree to submit to testing for illegal drugs (or their metabolites) and any necessary confirming tests. I agree that any offer and/or continued employment with Reed City Tool, Inc. will be contingent upon the results of such tests, and my cooperation in obtaining the results, being satisfactory to the Company. I agree to execute any further authorizations necessary for such testing. It is the intention of Reed City Tool, Inc. to keep confidential the information arising from this process. However, I agree that neither Reed City Tool, Inc., nor its agents or employees, may be held liable for any damages arising from the disclosure or use of such information.

I further agree to abide by the Reed City Tool, Inc. "Fitness For Duty & Drug Free Workplace Policy" and acknowledge that I have been provided with, and have reviewed, a copy of the same.

I hereby authorize this employer to investigate my past employment, activities, and statements contained in this Application, and at the same time, I authorize the employers and school officials listed in this application to furnish any and all truthful information concerning me that is within their knowledge or records. I hereby release all parties from all liability for any damage that may result from furnishing this information to you.

In consideration of my employment, I agree to conform to the rules and regulations of Reed City Tool, Inc.. I understand that Reed City Tool, Inc. is an at-will employer and my employment and compensation can be terminated, with or without cause and with or without notice, at any time at the option of either the Company or myself and without notice or liability for wages or benefits except such earned at the date of termination. I understand that no manager, supervisor, or representative of management, other than the Company president has any authority to enter into an agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing and that any such agreement must be in writing and signed by the President of the Company or his designee. I also understand and agree that any and all compensation and fringe benefits that I may receive as a result of my employment with the Company may be modified by the Company, and do not vest by reason of my employment, continued employment or otherwise.

Applicant's Signature: _____

Date: _____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, nationality, origin, age, disability, or other legally protected class under applicable local, state, or federal law.



REED CITY GROUP

Motivated by our PASSION

Driven by our PRINCIPLES

Innovative in our PRODUCTS