

Application for Employment

OF BEAVERTON, INC.

Please fill out form completely for employment consideration. Print and fax or mail when completed.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap. We are an equal opportunity employer.

Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			
Business Phone		Email Address:	
What was your previous address?			How long at present address? Years _____ Months _____
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age.			
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____			
How did you learn of our organization?			
Are you legally eligible for employment in the United States?		When will you be able to work?	
Are you employed now?		If so, may we inquire of your present employer?	
Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, describe in full.			
Are there any reasons for which you might not be able to perform the job duties (with a reasonable accommodation)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain.			
Drivers License#	State	Any Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Education

School	Name and location of school	Course of study	No. of years completed	Did you graduate?	Degree or diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Military

Complete this section if you served in the U.S. Armed Forces

Branch of Service	Period of Active Duty (Month & Year) From _____ To _____
Rank at Discharge	Date of Final Discharge
Describe your duties and any special training	

Employment History

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

Company Name	Telephone
Address	Employed (Start Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate Start _____ Last _____
Start Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (Start Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate Start _____ Last _____
Start Job Title and Describe Your Work	Reason for Leaving

Company Name	Telephone
Address	Employed (Start Month and Year) From _____ To _____
Name of Supervisor	Hourly Rate Start _____ Last _____
Start Job Title and Describe Your Work	Reason for Leaving

Company Name		Telephone
Address		Employed (Start Month and Year)
		From _____ To _____
Name of Supervisor		Hourly Rate
		Start _____ Last _____
Start Job Title and Describe Your Work		Reason for Leaving
We may contact the employers listed above unless you indicate those you do not want us to contact		Do not contact
		Employer Name(s)
		Reason

References:

Give below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so.

If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report.

 Date

 Signature

Please complete and mail or fax a copy of this form to:

MODERN Machinery of Beaverton, INC.
 Attn: Human Resources
 PO Box 423 - Beaverton, MI 48612
 Phone: 989-435-9071 - Fax: 989-435-3940