

STAR MANUFACTURING, LTD

APPLICATION FOR EMPLOYMENT

NOTICE TO APPLICANTS:

The successful completion of a medical examination, including a screening for drugs, may be required by the company as a condition of employment

AN EQUAL OPPORTUNITY EMPLOYER

Applicants will be considered for employment without regard to race, color, creed, national origin, religion, age, sex, handicap or veteran status

PERSONAL INFORMATION

DATE: _____

NAME: _____
Last
First
Middle

PRESENT ADDRESS: _____
Street
City
State
Zip

PHONE: () _____

IF RELATED TO ANYONE IN OUR EMPLOY, STATE NAME AND RELATION:

Name
Relationship

REFERRED BY: _____

Are you physically and mentally able to perform all functions of the job for which you are applying? ___ Yes ___ No
 If "no", state the function(s) you cannot perform and what accommodations by us, if any, would enable you to perform them:

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

EVER APPLIED TO THIS COMPANY BEFORE? _____ WHEN? _____

EDUCATION

TYPE	NAME & LOCATION OF SCHOOL	SUBJECTS STUDIED	DEGREE RECEIVED
HIGH SCHOOL			
COLLEGE			
GRADUATE SCHOOL			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			
OTHER			

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GENERAL

Subjects of Special Study or Research Work: _____

Job Related Skills (typing, driver's license, etc.) _____

FORMER EMPLOYERS (List below last four employers, starting with the most recent)

DATE (Month & Year)	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	NAME OF SUPERVISOR & REASON FOR LEAVING
From To		Start Final		
From To		Start Final		
From To		Start Final		
From To		Start Final		

REFERENCES: (Give below the names of three persons not related to you whom you have known at least one year)

NAME	ADDRESS	TELEPHONE	YEARS ACQUAINTED

IMPORTANT – READ THOROUGHLY:

I authorize the Company to fully investigate all references and information furnished in this application, and also authorize and release each employer and person given in the application as an employer or as a reference to give any information that may be sought in connection with the application.

I declare all statements contained in this application to be true and correct. I understand that false or misleading statements contained in this application will result in my not being hired or my immediate discharge. I understand that the successful completion of a medical examination, including drug screening, is required by the Company as a condition of employment. I understand that if hired, my employment will be for an indefinite time and that my employment may be terminated for any reason at any time without advance notice. I understand that the Company may amend, modify or revoke any of its rules, regulations, or employment policies, without notice or cause. I have read this entire application and understand the terms.

DATE _____ SIGNATURE _____
Applicant Must Sign

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY: _____ DATE _____

REMARKS: _____

HIRED _____ FOR DEPARTMENT _____ POSITION _____

START DATE _____ SHIFT _____ PAY _____

APPROVED: _____
HUMAN RESOURCES DEPT. SUPERVISOR DEPT. MANAGER