

11 Prices Switch Road PO Box 9 Vernon, NJ 07461 973-764-2000 Fax: 973-764-0272 www.metalfabMHS.com

Application for Employment

Pre-employment Questionnaire - An Equal Opportunity Employer

Application Date:

Personal Information							
NAME:	LAST	FIRST		MIDDLE			
ADDRESS:	STREET	CITY		STATE	ZIP		
PHONE:							
Are you 18 years or older? Yes No SOCIAL SECURITY No.:							
Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?							
Employmen	=						
POSITION APPLYING FOR: DATE AVAILABLE TO START:							
ARE YOU CURRENTLY EMPLOYED: Yes No SALARY DESIRED:							
IF CURRENTLY EN	IPLOYED, MAY WE CONTACT YOUR EN	MPLOYER?	′es 🗌 No				
If YES, indicate when and position applied for: HAVE YOU EVER APPLIED TO METALFAB BEFORE? No Yes							
REFERRED BY:							
Education	Name and Location of Sc	hool	Years Attended	Graduated? Y or N	Subjects Studied		
Grammar School							
High School							
College							
Trade or Other							
Employmer	nt starting with the m	nost recent, l	list your	last three	employers		
Dates Employed	Name and Address of Emp	ployer	Salary	Position	Reason for Leaving		



References	provide three references you	ı have known at	least one year (no rel	atives)			
Name	Address	Phone	How Associated	Years Acquainted			
Name	Address	Phone	How Associated	Years Acquainted			
Name	Address	Phone	How Associated	Years Acquainted			
General							
List any special skills that may assist you in the position applied for:							
List any special areas of study or research work:							
List extracurricular activities (volunteer, athletic, etc.)							
U.S. Military Service:	RANK		currently a member in Il Guard or Reserves: Ye	es 🗌 No			

"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. I understand that the references provided above may or may not be contacted. In consideration of my employment, I agree to conform to the company'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 notice, at any time by the company. I understand that no company representative, other than its president , and then only when in writing and 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 of Applicant

Date

Thank you for your application. Do not write below this line.

For Company Use O	nly		
Interviewed by:		Date:	
Remarks:		i	
Neatness:	Skills/Ability for Position:		
Hired Yes No	Position:	Dept.:	
Salary/Wage:		Start Date:	
Approved (sign) Employment Manager		Department Manager	