

# Job Applying For

Complete in Ink

Today's Date \_\_\_\_\_

## Generic Application

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
( Last) ( First) (MI)

Mailing Address: \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Message Number.: (\_\_\_\_\_) \_\_\_\_\_

Are you a veteran? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, Branch: \_\_\_\_\_  
& Dates of Service From: \_\_\_\_\_ To: \_\_\_\_\_

If currently employed, may we contact your employer? Yes \_\_\_\_\_ No \_\_\_\_\_

List any machines /equipment that you can operate or skills you now process without further training: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Education (Circle the highest grade completed): 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19

Name and Location of School		Subjects Studied/Major
High School: _____	Diploma _____	_____
_____	Yes__ No__ _____	_____
_____	Type _____	_____
Trade/ Vocational _____	Completed _____	_____
_____	Yes__ No__ _____	_____
	Training _____	_____
College: _____	Degree _____	_____
_____	Yes__ No__ _____	_____
_____	Type _____	_____

Are you legally permitted to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you 18 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have a High School Diploma/GED? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to work overtime and weekends? Yes \_\_\_\_\_ No \_\_\_\_\_

Please check all shifts you are willing to work: First \_\_\_\_\_ Second \_\_\_\_\_ Third \_\_\_\_\_ Rotating \_\_\_\_\_

Circle the number years of manufacturing experience you have? Less than 1 1 2 3 4 5 or more

Circle the number of years experience you have working with customers? Less than 1 1 2 3 4 5 or more

(Please complete back page)