

GENERAL DIE CASTERS, INC. APPLICATION FOR EMPLOYMENT

GENERAL DIE CASTERS, INC. IS AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER. IT IS THE PHILOSOPHY, INTENT, AND COMMITMENT OF GENERAL DIE CASTERS, INC. TO ADHERE TO A POLICY OF EQUAL EMPLOYMENT OPPORTUNITIES FOR ALL APPLICANTS AND EMPLOYEES WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, AGE, NATIONAL ORIGIN, VETERAN STATUS, PREGNANCY, MENTAL OR PHYSICAL DISABILITY OR ANY OTHER STATUS PROTECTED BY LAW.

When completing this application, do not leave any questions blank. Do not substitute “see resume” for any requested information. Complete one application for every job for which you are applying.

THIS APPLICATION WILL REMAIN ACTIVE FOR **THREE (3) MONTHS** UPON SIGNING.

PERSONAL DATA

Last Name		First	Middle	Date
Street Address			Home Phone	
City, State, Zip			Business Phone	
Are you 18 years or older?				
Position Desired			Salary Desired	
Are you currently on “lay-off” status and subject to recall?			Are you currently employed?	
When would you be able to begin work?		Are you available to work: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Temporary		
Are you legally eligible for employment in the United States?			If necessary, are you available to work overtime?	
Have you been convicted of a felony or misdemeanor, whether sealed or unsealed, (other than minor traffic violations) that might substantially relate to the job for which you are applying? NOTE: A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered. <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes explain:				
Are you related to anyone employed at General Die Casters?			How did you learn of General Die Casters?	

EMPLOYMENT HISTORY (List most recent employer first)

Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Pay: Start: \$ _____ Finish: \$ _____
Job Title and Job Description:	Reason for Leaving:
Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Pay: Start: \$ _____ Finish: \$ _____
Job Title and Job Description:	Reason for Leaving:
Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Pay: Start: \$ _____ Finish: \$ _____
Job Title and Job Description:	Reason for Leaving:

Company Name:	Telephone Number:
Address:	Employed (mm/yy) From: _____ To: _____
Name and Title of Supervisor:	Pay: Start: \$ _____ Finish: \$ _____
Job Title and Job Description:	Reason for Leaving:

EDUCATION

	High School	College/University	Graduate/Professional
School Name, Address and Phone Number			
Years Completed	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Course of Study			
Honors Received			

Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.

SPECIAL SKILLS AND TRAINING

Other than English, are you fluent in any language? Please List:
In which computer programs do you feel you have proficiency?
Do you have any other advanced training, continuing education or special study experience that you think would be helpful in the position for which you are applying? Please list:

REFERENCES

Name	Relationship	Years Known	Telephone Number

May we contact your current employer?

APPLICANT'S AGREEMENT

In consideration of the review of my application:

I understand and agree that, if I am employed by the Company, my employment and compensation is entirely "at will," which means neither are guaranteed for any definite period of time, and either can be modified or terminated, with or without cause, and regardless of the date of payment of my wages and salary, and with or without prior notice at any time, at the option of either the Company or myself. I understand and agree that the Company reserves the right to establish and/or change any of the terms or conditions of any aspect of my employment at its discretion at anytime with or without notice. I understand and agree that no other individual oral or written agreements of any kind pertaining to the terms of my employment and/or my compensation exist outside of this Agreement between the Company and myself, and if I believe that any type of previous agreements between any Company representative and myself have been made, I agree they are **superseded by the contents of this Agreement**. I understand and agree that no representative of the Company, other than the President, has any authority to enter into any other agreement or with me personally or provide me with any assurances relating to any aspect of my employment with the Company, except that the above-mentioned officials of the Company may do so in writing.

I authorize the Company to investigate my background, qualifications and/or any other information on me as it deems appropriate. I also authorize anyone the Company contacts as part of its investigation to release any information they have regarding me or my employment to the Company or its representatives. Further, I authorize the Company to release the results of any background checks conducted on me and any other information related to me or my employment as it deems appropriate. I also agree to release all parties, including the Company and its representatives, from all liability for any damage that may result from either releasing or furnishing any such information. I agree that if I breach or threaten to breach this Agreement, I will indemnify all parties from any loss or expenses incurred by my breach, including, but not limited to, all of their attorney's fees and administrative costs deemed necessary and reasonable by the other party.

I further agree to take any lawful medical examination, chemical, drug or alcohol test upon request by the Company at its sole discretion as a condition of my employment, or, if I am hired, as a condition of my continued employment at any time as deemed appropriate by the Company. I agree that my refusal to take any such examinations or tests immediately upon request may be cause for my not being hired or, if I am hired, may be cause for the immediate termination of my employment. Further, I authorize the Company to release the results of these tests to whomever it deems appropriate where allowed by law. I hereby release all parties from all liability for any damage that may result from conducting, releasing or furnishing information regarding these examinations or tests.

I also certify that the facts contained in this application are true and complete to the best of my knowledge and understand that if I am employed, any statements I have falsified on this Application shall be grounds for dismissal. I further certify that I have read all of the foregoing, understand the same and do hereby voluntarily agree to all of the provisions contained herein."

READ CAREFULLY BEFORE SIGNING

In consideration of the review of my application, I agree that any claim or lawsuit relating to my employment with the Company must be filed no more than 180 days after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

If you are hired, this employment application will become part of your official employment record.

APPLICANT'S SIGNATURE

Date