MANES MACHINE & ENGINEERING

Employment Application (Unipoint Doc# 50297)

An Equal Opportunity / Affirmative Action Employer

APPLICANT INFORMATION											
Last Name			First			M.I	Date				
Street Address		Apartment/Unit #									
City					State	Zip Code					
Phone Number Email				lress							
ate Available Social Security Number			er	Desired Salary							
Position Applied For											
Are you a citizen of the United States?					If no, Are you a permanent resident & authorized to work						
	No	in the U.S.? Yes No									
Have you ever worked	for this cor	npany?		If so, when?							
		Yes	No								
Have you ever been convicted of a felony? Yes No				If yes, explain							
If you have a resume	please atta			n. Any info	rmation on y	our resum	e can be skip	ped in the			
•	•			ns below.	•		•	•			
			EDU	CATION							
School					Years	N	1ajor	Graduate/			
High Cahaal					Complete			Degree			
High School					I	l		ı			
College/Trade/Other						,					
College/ Hade/Other					I						
		P	revious l	Employm	ent						
Please list all em	ployment hi	story for last	t 10 years fro	om most rece	ent job held. (/	Attach addi	tional if neces	sary.)			
Company			Phone								
Address			Supervisor Name								
Job Title Start Date			End Date		May we cor			ntact this employer?			
Reason for leaving?							Yes	No			
Responsibilities											

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Previous Employment Cont.										
Company			Phone							
Address				Supervisor Name						
Job Title Start Date			End Date			May we contact this er Yes				
Reason for leaving?	•									
Responsibilities										
Company			Phone							
Address				Supervisor Name						
Job Title	S	Start Date		End Date		May we contact this er	ay we contact this employer?			
						Yes	No			
Reason for leaving? Responsibilities										
			Militar	y Service						
Have you ever been in the Armed Forces? Yes No			If yes, whic	h Branch?		Dates of Service To				
Specialty			Rank at Dis	charge	Type of Discharge					
If other than honerable	e, please expl	lain								
				rences						
- II.	la		-	ofessional re	ferences.	<u> </u>				
Full Name	Phone Numb	oer	Company			Relationship				
		D	isclaimer	& Signat	ure					
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand a pre-employment drug screen is required if I am extended an offer of employment. Signature Date										