



Application for Employment

Name _____ Date _____

Address: _____ street _____ city _____ state _____ zip _____

Phone: _____ Email: _____

Referred by: _____

Position desired: _____

Wage desired: _____ Willing to work second shift? _____

Date you can start: _____

Currently employed? If so, may we inquire of your present employer?

Have you ever applied here before? (Y / N) When? _____

Education:

Highest level completed: _____

Name and Location of School: _____

Subjects Studied / Degree(s) Rec'd: _____

Former Employers: List below last four employers, starting with the most recent.

| Name of Employer | Date | Position | Salary | Reason for leaving |
|------------------|------|----------|--------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Professional References: Give below the names of three people, whom you have known at least one year.

| Name | Phone# | Occupation | Years Acquainted |
|------|--------|------------|------------------|
| | | | |
| | | | |
| | | | |

Manufacturing Experience: (-) None, (O) Operate, (S) Setup**- Machine Operation:**

Shear _____ Saw _____ Drill / Tap _____ Punching / Turrets _____ Laser _____
Deburring _____ Press Break _____ Resistance / Spotwelder _____ Inserting (PEM) _____

- Welding:

MIG Stl _____ Fluxcore _____ Metalcore _____ MIG Alum _____ TIG Alum /SS _____

- General:

| | | | |
|------------------------------|------------|-----------|--------------------|
| Material Handling | Data Entry | Assy | Shipping/Receiving |
| Inspection / Quality Control | Fork Lift | Team Work | Leadership |

How would you rate your Blue Print reading skills on a scale of 0 (none) - 10 (highest):

Familiarity with inspection equipment (list previously used equipment) _____

Dimensional tolerances you've typically dealt with? _____

Any previous manufacturing / sheet metal / weld experience? _____

Any prior issues with any of the following: (Select all that apply)

| | | |
|------------|-----------|----------------|
| Attendance | Drug Test | Transportation |
|------------|-----------|----------------|

Other Activities or Interests outside of work: _____

Do you have any physical condition which may limit your ability to perform the job applied for?

Is there anything in your conviction history that may be substantially related to the duties of this position?

Yes No

If yes, please explain: _____

Authorization:

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature

Date

Heiden is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion or national origin.