PMG ProMoldGauer
Molds for the Plastic Industry and Precision Machining

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: ( ) E-mail Address:

Date Available: Social Security No.: Desired Salary: $

Position Applied for:

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when?

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

College: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

Other: Address:

From: To: Did you graduate? YES ☐ NO ☐ Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

Full Name: Relationship:

Company: Phone: ( )

Address:

Previous Employment

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: Phone: ( )

Address: Supervisor:

Job Title: Starting Salary: $ Ending Salary: $

Responsibilities:

From: To: Reason for Leaving:

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Military Service

Branch: From: To:

Rank at Discharge: Type of Discharge:

If other than honorable, explain:

Disclaimer and Signature

IN THE EVENT OF EMPLOYMENT BY THIS COMPANY

OR ONE OF ITS SUBSIDIARIES

- I agree to abide by all of the rules of the company and will obey the orders and instructions of my supervisor; I will use and wear all safety appliances furnished by the company and will work in a safe manner observing all company safety rules, not exposing myself or other workers to unnecessary dangers.
- I understand that the use or possession of drugs, alcohol or any controlled substance, other than that prescribed by a physician, is strictly prohibited on company premises.

- I understand that employment will be on an at will basis and may be terminated at any time by either party with or without notice.
- I authorize this company to seek information about me from whatever source and I agree to hold the company harmless from any and all claims arising from such requests for information.
- I also agree that all former employees or any other persons may furnish this company and subsidiaries with all information regarding their record of my service, character, and reason for leaving. I hereby release such former employers and persons from all liability for providing such information.
- I understand that any false, incomplete or misleading information on this application may result in my dismissal whenever discovered.
- I understand that any unanswered questions on this application may cause this application to be rejected

Signature: _____ Date: _____

THIS APPLICATION WILL BE RETAINED IN OUR ACTIVE FILES FOR ONE (1) YEAR ONLY

OFFICE USE ONLY

Name _____SSN:_____ Position_____

Date Employed_____ Wage and Hour Statue ( ) Exempt ( ) Non Exempt ( ) Other

Salary_____ Date of Birth_____ Marital Status_____

Other_____