



EMPLOYMENT APPLICATION

810 N. Towerline • Saginaw, MI 48601
(989) 753-8100

PERSONAL INFORMATION

Name (Last, First, Middle)				Social Security Number	
Street Address		City	State	Zip Code	Telephone number where you may be contacted
Have you ever worked or applied for work with MKR Fabricators	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where and when?	Date of first employment (if applicable)	If under 18 years, give date of birth	
Have you been convicted of criminal offenses (Exempt minor traffic offenses) within the past seven years? <i>Conviction is not necessarily a bar to employment.</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain	
Referred by			In case of emergency, notify the following person		
			Name	Address	Phone

EMPLOYMENT INTERESTS

Position for which you are applying		Salary expected	Date available for work	
Are you willing to relocate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Location restrictions		
Certain jobs within the company require use of a car or other motorized vehicle. If use of such a vehicle were required in the job for which you are applying ...		A. Do you have or can you get a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No B. Do you have access to a car or other motorized vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No C. Do you have or can you get liability insurance on such a vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are there any hours, shifts or days you cannot or will not work?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, explain		
Shift preference: Please mark 1 or 2, your first or second preference 7:00 A.M. to 3:00 P.M. _____ 3:00 P.M. to 1:00 A.M. _____				

EDUCATION

SCHOOL	NAME AND LOCATION	ATTENDED		LAST GRADE OR LEVEL COMPLETED	DIPLOMA OR DEGREE	COURSE MAJOR
		FROM	TO			
High School						
College, Business, Vocational or Other training						

EMPLOYMENT HISTORY

Please list ALL JOBS beginning with your present or last employer. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or an additional application form.

1. Name and Address		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title	Duties/Responsibilities	Reason for leaving or wishing to leave	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Department Supervisor			Telephone Number			
2. Name and Address		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title	Duties/Responsibilities	Reason for leaving or wishing to leave	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Department Supervisor			Telephone Number			
3. Name and Address		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title	Duties/Responsibilities	Reason for leaving or wishing to leave	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Department Supervisor			Telephone Number			
4. Name and Address		Type of Business	SALARY		DATE	
			Start	End	Start	End
Job Title	Duties/Responsibilities	Reason for leaving or wishing to leave	May we contact employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Department Supervisor			Telephone Number			

SPECIAL EMPLOYMENT NOTICE

If employed, I agree to conform to all of the policies and procedures of MKR Fabricators and recognize that my employment and compensation can be terminated, with or without cause, and without notice at anytime. I understand that no employee of MKR Fabricators has authority to enter into any agreement for employment for a specific period of time.

STATEMENT

I certify the facts set forth in my application for employment are true and complete. I understand that, if employed, false statements on this application shall be considered sufficient for dismissal. I authorize MKR Fabricators to verify all statements contained in this application and to make any necessary reference checks except as limited above for my present employer.

Applicant's Signature _____ Date _____

This application is considered active for 50 days from the above date.

FOR OFFICE USE ONLY

Interviewed By _____

Hired By _____

Date _____

Date Hired _____

Comments _____

Starting Date _____

Rate of Pay _____

Location _____

Employee Number _____