APPLICATION FOR EMPLOYMENT

STALCOP L.P.

S STALCOP-L.P.

METAL FORMING SPECIALISTS

1217 W. Main Street • P.O. Box 98
Thorntown, Indiana 46071

An Equal Opportunity Employer

(If you have a resume, please attach)

STALCOP L.P. REQUIRES A SUBSTANCE
ABUSE SCREENING, PRIOR TO EMPLOYMENT.

DATE _____

LAST NAME

FIRST

PERSONAL

NAME _____ SOCIAL SECURITY NO. _____
      Last   First   Middle

ADDRESS _____
         Street   City   State   Zip

HOME TELEPHONE NO. _____ BUSINESS TELEPHONE NO. _____
                                                May we phone you during the day? YES ☐   NO ☐

Are you 18 years of age or older? YES ☐   NO ☐   If under 18, list date of birth: ___ mo ___ day ___ yr.

Are you a United States citizen or otherwise authorized to work in the US on an unrestricted basis? YES ☐ NO ☐
If no, please explain:_____

Have you ever been convicted of a crime? (except a minor traffic violation) YES ☐   No ☐
If yes, please state the crime, the court involved, and the date and place of the offense: _____

_____

A conviction will not necessarily keep you from employment.

EMPLOYMENT DESIRED

TYPE OF EMPLOYMENT YOU ARE SEEKING: Full-time ☐   Part-time ☐   1st shift ☐   2nd shift ☐   3rd shift ☐

POSITION OR TYPE OF WORK DESIRED (1st Choice) _____
                                 (2nd Choice) _____

DATE AVAILABLE: _____ WAGES EXPECTED: _____ WILLING TO TRAVEL? YES ☐   NO ☐

Are you willing to work overtime as required? YES ☐   NO ☐

Have you ever been employed by this company before? YES ☐   NO ☐ If yes, give date:_____

Have you applied here before? YES ☐   NO ☐ If yes, give date:_____

How did you happen to apply for a job here? _____

Name of employee(s) of this company with whom you are related or acquainted: _____

Would you be willing to work in an environment that prohibits smoking? YES ☐   No ☐

School	Name of School Attended	Course of Study	Check Last Year Completed	Did You Graduate?	List Diploma or Degree
Elementary			1 2 3 4 5 6 7 8		
High			1 2 3 4	☐ Yes ☐ No	
* College			1 2 3 4	☐ Yes ☐ No	
Other (Apprenticeship, correspondence, trade, business, military.)					

PAST EMPLOYMENT RECORD (Start with most recent position)

Name of Present or Last Employer	Address:	Phone: ( )

Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving
Month	Year	Month	Year			

Job Title (Present or Last)	Name of Supervisor	Supervisor's Job Title

Description of Work and Responsibilities:

Name of Next Previous Employer	Address:	Phone: ( )

Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving
Month	Year	Month	Year			

Job Title (Present or Last)	Name of Supervisor	Supervisor's Job Title

Description of Work and Responsibilities:

Name of Next Previous Employer	Address:	Phone: ( )

Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving
Month	Year	Month	Year			

Job Title (Present or Last)	Name of Supervisor	Supervisor's Job Title

Description of Work and Responsibilities:

Name of Next Previous Employer	Address:	Phone: ( )

Starting Date		Leaving Date		Starting Pay	Final Pay	Reason for Leaving
Month	Year	Month	Year			

Job Title (Present or Last)	Name of Supervisor	Supervisor's Job Title

Description of Work and Responsibilities:

Why do you wish to leave your present employer?_____

Have you ever been discharged or requested to resign from a job?   YES ☐   NO ☐

If yes, please explain _____

Are you on lay-off and subject to re-call?   YES ☐   NO ☐

2

MILITARY

HAVE YOU EVER SERVED IN THE ARMED FORCES OF THIS COUNTRY?   YES ☐   NO ☐   FROM_____ TO_____

BRANCH _____   RANK/GRADE AT DISCHARGE? _____

DESCRIBE YOUR DUTIES _____

_____

_____

SKILLS

PRODUCTION MACHINES

Fabrication Equip.	☐	Milling Machine	☐
Turret Lathe	☐	Layout	☐
Boring Mill	☐	Punch Press	☐
Radial Drill	☐	HVAC Equip.	☐
N.C. Tape Machine	☐	Make Own Setups	☐
CNC Equip.	☐	Brazing	☐
Gear Machine	☐	Small Air Tools	☐
Automated Production		Heat Treating Operation	☐
Equipment	☐	Other _____	☐
Grinding Machines	☐		

WELDING

MIG	☐
TIG	☐
Gas	☐
Heliarc	☐
Metalarc	☐
Dual Shield	☐
Read Blueprints	☐
Other _____	☐

CLERICAL

Typing (WPM)	☐
Shorthand (WPM)	☐
Bookkeeping	☐
Data Processing	☐
Office Machines	☐
(Specify) _____	
_____	
Computer or PC	☐
(Specify/Software)	
_____	
Other _____	☐

HAVE YOU EVER HAD ON THE JOB TRAINING?   YES ☐   NO ☐

APPRENTICESHIP TRAINING?   YES ☐   NO ☐

If yes, explain: _____

_____

_____

GOALS

PLEASE DESCRIBE WHAT YOU'RE LOOKING FOR IN A JOB. Comment as specifically and completely as space permits

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

3

GENERAL

PLEASE MAKE ANY ADDITIONAL COMMENTS you feel are appropriate regarding your qualifications _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

APPLICANT'S STATEMENT

APPLICANT'S STATEMENT (Please read carefully before signing)

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE OR MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN IMMEDIATE DISCHARGE WHENEVER IT IS DISCOVERED.

I AUTHORIZE THE RELEASE OF ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT/EDUCATION AND ANY PERTINENT INFORMATION THAT MY PRIOR EMPLOYERS/SCHOOLS MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM PROVIDING THE INFORMATION TO THE COMPANY.

I UNDERSTAND THAT STATEMENTS WHICH MAY BE CONTAINED IN POLICIES, PRACTICES, HANDBOOKS AND OTHER COMPANY MATERIAL DO NOT CREATE ANY CONTRACT, EXPRESS OR IMPLIED, OR GUARANTEE OF EMPLOYMENT. I UNDERSTAND THAT THE COMPANY HAS THE ABSOLUTE AND UNCONDITIONAL RIGHT TO MODIFY, AMEND OR TERMINATE POLICIES, PRACTICES, BENEFIT PLANS AND OTHERS COMPANY PROGRAMS AS IT SEES FIT.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE RULES, REGULATIONS AND POLICIES OF THE COMPANY AND AGREE THAT MY EMPLOYMENT AND COMPENSATION MAY BE TERMINATED AT ANYTIME, EITHER BY ME OR BY THE COMPANY, WITH OR WITHOUT CAUSE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE COMPANY, OTHER THAN THE PRESIDENT AND/OR THE MANAGER OF HUMAN RESOURCES OF THE COMPANY, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING FOUR (4) PARAGRAPHS, AND THAT SUCH AGREEMENT MUST BE IN WRITING AND SIGNED BY THE PRESIDENT AND/OR THE MANAGER OF HUMAN RESOURCES OF THE COMPANY.

THIS APPLICATION IS CONSIDERED CURRENT FOR 90 DAYS. IF YOU WISH TO BE CONSIDERED FOR LATER EMPLOYMENT, YOU MUST RENEW YOU APPLICATION IN PERSON OR IN WRITING.

I HAVE READ AND UNDERSTAND THE FOREGOING FIVE (5) PARAGRAPHS AND HAVE VOLUNTARILY AGREED TO THEM.

SIGNATURE _____ DATE _____

Stalcop L.P. complies with all federal, state and local laws which prohibit discrimination. Stalcop L.P. recognizes its duty to reasonably accommodate disabled people as long as it does not create an undue hardship.

We appreciate your interest and the time you have taken to prepare this application.

4