

# APPLICATION FOR EMPLOYMENT

## HAMMERSMITH MANUFACTURING & SALES, INC.

*Pre - Employment Questionnaire*

*An Equal Opportunity Employer*

This application will be considered active for 6 months

### PERSONAL INFORMATION

DATE \_\_\_\_\_

LAST NAME, _____		FIRST NAME, _____		MIDDLE INITIAL _____		SOCIAL SECURITY NUMBER _____	
ADDRESS _____						APT. NO. _____	
CITY _____				STATE _____		ZIP _____	
PHONE _____			CELL PHONE # _____			E-MAIL ADDRESS _____	
DO YOU HAVE A VALID DRIVERS LICENCE? Yes No			IF YES, DL# _____			ISSUING STATE: _____	
CAR AVAILABLE? Yes No				ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes No			
ARE YOU 18 YEARS OR OLDER? Yes No				HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes No			

### EMPLOYMENT DESIRED

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_\_ SALARY DESIRED \_\_\_\_\_

ARE YOU EMPLOYED NOW? \_\_\_\_\_ IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ WHERE? \_\_\_\_\_ WHEN? \_\_\_\_\_

REFERRED TO US BY \_\_\_\_\_

### EDUCATION

NAME & LOCATION OF SCHOOL	NO YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED	DEGREE OR CERTIFICATION
GRAMMAR SCHOOL				
HIGH SCHOOL				
JUNIOR COLLEGE				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				
U.S. MILITARY SERVICE? _____			YEARS _____	RANK _____

ARE YOU PRESENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES? \_\_\_\_\_

### WORK SKILLS & EXPERIENCE

Please use the space below to list your primary trade skills. Also list any certifications, tools, etc. which might be useful in determining job assignments for you.

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### FORMER EMPLOYERS

*LAST THREE EMPLOYERS, STARTING WITH MOST RECENT ONE FIRST*

DATE	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	JOB TITLE/ POSITION	SALARY	SUPERVISOR	REASON FOR LEAVING
FROM _____ TO _____						
FROM _____ TO _____						
FROM _____ TO _____						

WHICH OF THESE JOBS DID YOU LIKE BEST? \_\_\_\_\_

WHAT DID YOU LIKE MOST ABOUT THIS JOB? \_\_\_\_\_

**REFERENCES**

THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	PHONE #	YEARS ACQUAINTED
1				
2				
3				

**PROFESSIONAL WORK REFERENCES**

	NAME	JOB TITLE	NAME OF EMPLOYER	PHONE #
1				
2				
3				

IN CASE OF  
EMERGENCY NOTIFY

NAME	ADDRESS	PHONE #
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**Employment Verification Authorization**

I authorize Mike Bayles, or any representative thereof, to contact my present and past employer(s) for the purpose of confirming my length of employment, wages and other relevant data. I also authorize Mike Bayles or any representative thereof, to conduct investigative background inquiries on me, to include consumer, credit, criminal, civil, driving, and other reports as needed, on a continuing basis as it relates to my employment. I also authorize Company representatives to review any current or prior industrial injury claims on file with the state of Kansas worker's compensation department, and other medical providers in order to determine my physical capabilities in regard to potential job assignments.

\_\_\_\_\_

Print Name    Signature    Date

*I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME. IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN ITS PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.*

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY \_\_\_\_\_ DATE \_\_\_\_\_

REMARKS: \_\_\_\_\_

NEATNESS \_\_\_\_\_ ABILITY \_\_\_\_\_

HIRE: Yes No POSITION \_\_\_\_\_ DEPT. \_\_\_\_\_

SALARY/WAGE \_\_\_\_\_ DATE REPORTING TO WORK \_\_\_\_\_