

## APPLICATION FOR EMPLOYMENT SELMET, INC.

**Notice:** Selmet, Inc. is an Equal Opportunity Employer. Please notify our receptionist if you need any accommodation or assistance with any part of our application process.

Position Applied For: \_\_\_\_\_ Today's Date: \_\_\_\_\_

**APPLICANT: IN ORDER TO BE CONSIDERED FOR EMPLOYMENT, THIS APPLICATION MUST BE COMPLETED ENTIRELY. ANY OMISSION OF INFORMATION MAY RESULT IN YOUR APPLICATION BEING REJECTED FOR EMPLOYMENT CONSIDERATION. PLEASE REMEMBER TO PRINT CLEARLY, AND TO READ, INITIAL, DATE AND SIGN PAGES 4 AND 5 OF THIS FORM. IF SELECTED FOR EMPLOYMENT, THIS APPLICATION WILL BE RETAINED AS PART OF YOUR PERMANENT PERSONNEL FILE. ALL EMPLOYMENT APPLICATIONS ARE MAINTAINED FOR THREE (3) MONTHS FROM THE DATE ON THE APPLICATION. DURING THAT PERIOD YOU MAY RECEIVE CONSIDERATION FOR VACANCIES FOR WHICH YOU ARE QUALIFIED, AFTER THAT PERIOD YOU WILL NEED TO REAPPLY.**

### PERSONAL INFORMATION

	Last	First	M.I.	Maiden Name		
Name						
		Street	City	State	Zip	
Present Address						
Phone No.	Are you 18 years or older?			Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Are you prevented from lawfully becoming employed in county because of of visa or immigration status?				Yes <input type="checkbox"/>	No <input type="checkbox"/>	

### EMPLOYMENT DESIRED

Position	Date you can start	Salary Desired
Are you employed now?		If so, may we inquire of Your present employer?
Ever applied to this company before?	When?	
Ever worked for this company before?	Where?	When?
Reason for leaving?		
Apart from absence for religious observance, are you available for full-time work?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Will you work overtime if asked?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Will you work any shift? Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of last supervisor at this company		
Who referred you To this company?	<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Newspaper ad <input type="checkbox"/> Other <input type="checkbox"/> Walk in <input type="checkbox"/> Friend
<input type="checkbox"/> State employment Office	<input type="checkbox"/> College placement Service	
Why are you interested in this particular job?		
What skills and training qualify you for this position?		

What portions of your work experience qualify you for this job?

**EDUCATION**

School	Name and Location of School	No. of Years Attended	Did you graduate?	Major
High School				
College or University				
Graduate School				
Vocation or Training				

**ADDITIONAL INFORMATION**

Professional Memberships and Affiliates

Professional and Trade Licenses

Have you ever been convicted of a felony?

Yes

No

If yes, please explain

Branch of Service

Present Membership in  
National Guard or Reserves

Discharge Date  
Rank

Date  
Obligation End

**FORMER EMPLOYERS**

Name of Present or Last Employer

Address

Starting Date

Month/Year

Leaving Date

Month/Year

Starting Wage

Ending Wage

Job Title

May we contact this employer?

Name and title of supervisor

Phone no.

Duties/responsibilities:

Reason for leaving

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Name of Prior Employer

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Address

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Starting Date	Month/Year	Leaving Date	Month/Year
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Starting Wage	Ending Wage
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Job Title	May we contact this employer?
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Name and title of supervisor	Phone no.
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Duties/responsibilities

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Reason for leaving

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Name of Prior Employer

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Address

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Starting Date	Month/Year	Leaving Date	Month/Year
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Starting Wage	Ending Wage
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Job Title	May we contact this employer?
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Name and title of supervisor	Phone no.
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Duties/responsibilities

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Reason for leaving

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List ALL other positions you have held in the past ten years, beyond the three most recent ones. Attach additional sheets if necessary.

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Employer	Address/Phone
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Your title	Your wage
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Dates of employment	Reason for leaving
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Employer	Address/Phone
Your title	Your wage
Dates of employment	Reason for leaving
Employer	Address/Phone
Your title	Your wage
Dates of employment	Reason for leaving
Employer	Address/Phone
Your title	Your wage
Dates of employment	Reason for leaving

**REFERENCES**

Give three references, no relatives or former employers, whom you have known at least one year.

Name	Address	Phone	Years Acquainted
1			
2			
3			

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING THIS APPLICATION:**

Selmet, Inc. is an equal opportunity employer and does not discriminate on the basis of sex, age, race and color, religion, marital status, national origin, disability or veteran status.

**AFFIDAVIT**

I certify that, to the best of my knowledge, the information contained in this application is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or my employment.

I understand that, if I am hired, I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that my prior employers, educational institutions, and other references, listed or not listed on this application may be contacted by the Company. These references are authorized to give the Company any and all pertinent information they may have. I release all persons or entities involved, including the Company, from all liability arising from this contract and provision of information.

I agree to submit to any post-offer, pre-employment testing or physicals, as required by the Company.

I authorize the Company to conduct a criminal history check and understand that unexpunged criminal convictions may be considered by the Company in making hiring decisions.

I agree to conform to all the Company's policies, rules, and procedures.

Furthermore, I understand and agree that nothing contained in this employment application, the granting of an interview, or in the offer of employment creates a contract for employment between the Company and myself. If an employment relationship is established, I understand that, unless specifically limited in an express, formally executed contract, I have the right to terminate my employment at any time and for any reason and the Company has the same right.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE READ THE FOLLOWING CAREFULLY BEFORE SIGNING:**

I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give Selmet's representatives any and all information regarding my previous employment. I release Selmet, and all previous employers and supervisors from liability for any damages that may result from furnishing information to Selmet.

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Signature of Applicant

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Date

## EQUAL EMPLOYMENT OPPORTUNITY DATA

**Important – Please read:** Selmet is an equal opportunity employer. The information contained on this form is needed to comply with requirements for companies who are federal contractors and subcontractors. Although this information is voluntary, your cooperation is appreciated.

Print Name \_\_\_\_\_

Today's Date: \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Social Security # \_\_\_\_\_ Male  Female

I will participate  I choose not to complete the survey

**ETHNIC CATEGORY** (check one, if you are more than one race, please mark the "Two or More Races" box)

- |   |   |
|---|---|
| <input type="checkbox"/> Two or More Races (Non-Hispanic)         | <input type="checkbox"/> Asian (Only)                                     |
| <input type="checkbox"/> American Indian or Alaskan Native (Only) | <input type="checkbox"/> Hispanic or Latino                               |
| <input type="checkbox"/> Black or African American (Only)         | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Only) |
| <input type="checkbox"/> White (Only)                             |   |

**REFERRAL SOURCE** (check one)

- |  |  |
|--|--|
| <input type="checkbox"/> Employee              | <input type="checkbox"/> Advertisement           |
| <input type="checkbox"/> Employment Department | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Employment Service    | <input type="checkbox"/> Other (List) _____      |

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_