



3380 E. Elvira Road Tucson, AZ 85756 (520) 792-3160 Phone (520) 792-0806 Fax

Application for Employment

An Equal Opportunity Employer

To be considered an applicant, you must complete this form. A resumé may also be attached. Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for your signature.

Personal Information:				
Name:				
	Last	First	Middle Initial	Preferred Name
Address:				
	Street	City	State	Zip
Telephone: () ()				
	Home	Cell		
Email Address:				
Position Applying For:				
Job Title:				
Are you applying for:		Available Start Date:		May We Contact Present Employer?
<input type="checkbox"/> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp/Seasonal		Salary Desired:		<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you legally eligible to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (Federal Law requires proof of identity and employment authorization for all new employees.)	
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/> State: _____ Number: _____ (Supply only if you will be driving for the company.)	

Education/Training					
<u>School</u>	<u>Name</u>	<u>Location</u>	<u>Dates Attended</u> <u>From / To:</u>	<u>Diploma, Degree</u> <u>& Major</u>	<u>Graduated?</u>
High School			N/A		
College					
Other (Business, Vocational, Military)					

Employment History (Please start with the most recent, last six employers. Use additional paper as necessary.):

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

May we contact: Yes No

Primary Duties:

Reason for Leaving:

Next Employer

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

May we contact: Yes No

Primary Duties:

Reason for Leaving:

Next Employer

Employer:

Address:

Street

City

State

Zip

Telephone: ()

Supervisor Name:

Dates From: To:

Final Rate of Pay:

Position Held:

May we contact: Yes No

Primary Duties:

Reason for Leaving:

Employer:	Dates From:	To:
Position Held:	May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:	Dates From:	To:
Position Held:	May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:	Dates From:	To:
Position Held:	May we contact: Yes <input type="checkbox"/> No <input type="checkbox"/>	

Technology Skills (List All Skills & Software Applications You Have Experience Using):

Microsoft Office? Yes No Additional Software: _____

CNC Programming? Yes No Cam Software Yes No Version _____ CNC Controls Yes No

Types of Machines Used or Operated: _____

Skills: _____

Personal Reference (Please list the names of three (3) persons not related to you which we may contact.)

Name: _____

Last _____ First _____ Email address _____

Telephone: (____) _____

Home _____ Cell _____

Connection To You: _____ Employer/Occupation: _____

Personal Reference

Name: _____

Last _____ First _____ Email address _____

Telephone: (____) _____

Home _____ Cell _____

Connection To You: _____ Employer/Occupation: _____

Personal Reference

Name: _____

Last _____ First _____ Email address _____

Telephone: (____) _____

Home _____ Cell _____

Connection To You: _____ Employer/Occupation: _____

Have you ever been convicted of a crime (other than a minor traffic infraction)? Yes No

(A conviction does not necessarily disqualify you from consideration.)

If yes, when & where: _____ Please Explain: _____



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CERTIFICATION

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that should an investigation disclose untruthful or misleading answers, my application may be rejected, my name removed from consideration, or my employment may be terminated.

I understand that any employment is conditional on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume.

I understand and agree that nothing contained in this application, or conveyed during any interview is intended to create an employment contract. If hired, my employment is "at will", for no definite period and either Employer or I may terminate our relationship at any time.

If hired, I agree to submit to a drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such tests and I request that the examining provider disclose to the Company the results of the tests, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Signature of Applicant: _____ Date: _____

Printed name of Applicant: _____

IT IS THE POLICY of Lindel Engineering to provide equal opportunity in all terms, conditions and privileges of employment for all qualified job applicants and employees without regard to race, color, national origin, gender or age (unless a bona fide job requirement) or the presence of any disability. Reasonable accommodations will be made for disabled persons.