



ADVANCED METAL ETCHING, INC.

Employment Application

APPLICANT INFORMATION

Last Name		First		M.I.	Date	
Street Address				Apartment/Unit #		
City			State			ZIP
Phone			E-mail Address			
Date Available			Last 4 digits of SSN:	XXX-XX-_____	Desired Salary	
Position Applying for						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain			

EDUCATION

High School				City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
College				City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	
Other				City & State		
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree	

REFERENCES

Please list three professional references.

Full Name		Relationship	
Company, City & State			Phone
Full Name		Relationship	
Company, City & State			Phone
Full Name		Relationship	
Company, City & State			Phone

PREVIOUS EMPLOYMENT			
Company		Phone	
Address		Supervisor	
Job Title	Starting Rate of Pay	\$	Ending Rate of Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Rate of Pay	\$	Ending Rate of Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Rate of Pay	\$	Ending Rate of Pay \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

*Sign with Electronic Signature OR Save, Print, Sign and Scan. All completed applications can be emailed to: hrpayroll@metaletching.com (or hard copies can be mailed to: HR Depart., 801 Gerber Street, Ligonier, IN. 46767)