



KM Tooling

1668 9th Avenue Grafton WI 53024
262-377-1677 sales@mkmtdelivers.com

Employment Application

We are an Equal Opportunity Employer

Date:

APPLICANT INFORMATION

Last Name		First	M.I.
Street Address			
City		State	ZIP
Are there others names under which you have worked or attended school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list for reference checking purposes.			
Phone (Day)		Phone (Night)	E-mail Address
			Social Security No.
Are you at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/> If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.			
Date Available:		Full or Part time desired:	Desired Salary:
Position Applied for:		Desired Shift: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Any <input type="checkbox"/>	
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>		Are you legally authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> If hired, you will be required to provide proof of work authorization.)	
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes explain 1) nature of crime, 2) date of conviction, and 3) state in which convicted. (Convictions are not an automatic bar to employment)			
Do you have any pending criminal charges against you? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, describe the 1) nature of charges, 2) date issued, and 3) county and state where issued.			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so when:			
How were you referred to KM Tooling? <input type="checkbox"/> Agency <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> School <input type="checkbox"/> Other _____ <input type="checkbox"/> Friend / Relative _____			

SPECIAL SKILLS

1. If relevant, please describe work processing speed, software knowledge, and office equipment.

1. If relevant, please describe experience using manufacturing machines and equipment.

EDUCATION

High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Graduate		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other (Specify)		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

TRAINING COURSES (LIST ANY RELEVANT TRAINING PROGRAMS COMPLETED)

[illegible]

EMPLOYMENT HISTORY (START WITH MOST RECENT; USE SEPARATE SHEET IF NECESSARY)

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
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 Salary \$	Ending Salary \$	
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 Salary \$	Ending Salary \$	
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 Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			
Full Name		Relationship	
Company		Phone ()	
Address			

REQUIRED LICENSE(S)

If required to drive a motor vehicle for the job applying for state your:

1) Driver's License Number: _____ 2) State Issued: _____

Are you licensed with any group, association or society relating to the job for which you are applying? YES ☐ NO ☐

Registration or License Number

State Issued

Expiration Date

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be caused for subsequent dismissal if I am hired.
2. I authorized the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whatever favorable or unfavorable, about me or employment. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration of terms and conditions of employment other than an officer or official of the company, and they only by means of a signed written document.

Signature

Date

INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

Our company is an equal opportunity employer and does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by federal, state, or local law. No question on this form is intended to secure information to be used for such discrimination. The company is required by federal regulations to report information as requested below. Your contribution of this information is completely voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential and will be maintained separate from your application form.

Applicant Name: _____ Date: _____

Position Applied For: _____

PLEASE CHECK ONE:

- ☐ Male
- ☐ Female

INDICATE THE APPROPRIATE RACE/ETHNIC GROUP:

- ☐ Hispanic or Latino
- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ American Indian Or Alaska Native
- ☐ Two or More races

HOW WERE YOU REFERRED TO THIS JOB:

- ☐ School/College
- ☐ Advertisement
- ☐ Search Firm
- ☐ State Job Service
- ☐ Government Agency _____
- ☐ Walk-in
- ☐ Employee Referral
- ☐ Other _____