

This application will be considered only for the specific job applied for. If you desire to be considered for another position at a future time, you must submit a new application.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		

POSITION

Position or Type of Employment Desired	Will Accept: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time <input type="checkbox"/> Temporary <input type="checkbox"/> On-call	Shift: <input type="checkbox"/> Day <input type="checkbox"/> Swing <input type="checkbox"/> Rotating
Are you able to lift 75 pounds safely and without injuring yourself? <input type="checkbox"/> Yes <input type="checkbox"/> No If not please explain:		
How did you learn of this position?		
Wage or Salary Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No If no, list the highest grade completed

College, Business, Technical, or Military schooling (Most recent first)

Name and Location	Dates Attended Month/Year	Graduate	Degree & Year	Major or Subject
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		
	From	<input type="checkbox"/> Yes		
	To	<input type="checkbox"/> No		

VETERAN INFORMATION (Most recent)

Branch of Service	Period of active duty From: To:	Rank at discharge
Briefly describe duties / specialized training		

SPECIAL SKILLS & QUALIFICATIONS (List all pertinent skills and equipment that you can operate)

Types of computers, software, and other equipment you are qualified to operate:		
Professional licenses or certifications:		
Specialized equipment experience:		
Additional languages:	10 key: kph	Typing speed: wpm
Organizations and volunteer activities:		
Other qualifications such as special skills, abilities, or honors that should be considered:		

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised (if applicable)	To (Month/Year)
Specific Duties		Hours Per Week
		Scheduled Shift
		Supervisor's Name
		Reason For Leaving

Employer	Telephone Number () -	From (Month/Year)
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		Scheduled Shift
		Supervisor's Name
		Reason For Leaving

APPLICANT STATEMENT

Why do you want to work here?
What are your career goals?

I certify the information contained in this application is true, correct, and complete to the best of my knowledge. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

I also understand that the acceptance of this application by Taylor Metal Products does not constitute an offer of employment, nor does it qualify as any form of agreement for employment for a specific period of time. Final confirmation of any job offer may be contingent upon a pre-employment drug screening and/or background check.

Signature of Applicant _____ Date _____

Taylor Metal Products is committed to equal employment opportunity without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age, protected veteran status, or any other unlawful factor and complies with all applicable laws including those regarding consideration of qualified applicants with criminal histories.