

Employment Application



PLEASE PRINT

An Equal Opportunity Employer

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Date Available			Type of Employment		Full-Time ___ Temporary ___ Part-Time ___		Desired Wage		
Position Applied for									
Affiliations		Please list the names of friends or relatives now employed by Arnold Magnetics Corp.							
Name		Relationship							
Name		Relationship							
We may refuse to hire relatives of present employees if doing so could result in actual or potential problems in supervision, security, safety, morale, or if doing so could create conflicts of interest.									
Are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If hired, would you have a reliable means of transportation to and from work?			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?					
Are you at least 18 years old?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If under 18, hire is subject to verification that you are of minimum legal age.					
Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>									
If no, describe the functions that cannot be performed:									
(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility tests.)									
EDUCATION & TRAINING									
High School			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
College			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				
Other			Address						
From	To	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree				

REFERENCES*Please list three professional references, not related to you, with whom you have worked at least one year.*

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

PREVIOUS EMPLOYMENT

Company	Phone	
Job Title	Supervisor	
Address		
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	
Job Title	Supervisor	
Address		
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	
Job Title	Supervisor	
Address		
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		

DISCLAIMER AND SIGNATURE

Please Read Carefully, Initial Each Paragraph and Sign Below

Name (Please Print) XXX – XX - _____
Last 4 of SSN

Initials I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

Initials I hereby authorize **Arnold Magnetics Corporation** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment unless otherwise specified above. I further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employer(s) and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

Initials I understand that nothing contained in the application, or conveyed during an interview which may be granted, or during my employment, if hired, is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the Company's designated representative.

Initials In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

Signature Date