



United Mfg., Inc.  
Manufacturers of quality  
metal components

# Employment Application

*Pre-employment questionnaire, Equal Opportunity Employer*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

This form has two sides, please print clearly, fill in all the fields and remember to sign and date the bottom of this form. If you have a resume, attach it to this application. Thanks.

## Personal Information

Full name (please include your middle name)		Social Security Number ____/____/____	
Current address	City	State	Zip Code
Phone number	Mobile/pager/other	E-mail	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		If not, are you allowed to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever pleaded "guilty", "no contest", or been convicted of a crime? *If yes, give dates and details:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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<i>*Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.</i>			

## Employment Desired

Type of Position	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Date you can start	Salary desired \$
Driver's license number if applicable to position:		State:	
Are you currently employed: <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, may we inquire of your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer:		Phone #:	
If you are under 18 and we require a work permit, can you furnish one?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, please explain:			
Do you have reliable transportation to and from work? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:			

## General Information

Summarize your special skills or qualifications:		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
U.S. Military service	Rank	Years Active

Over

**Previous Employment** (Begin with most recent position):

From:	To:	Employer Name & Address	Phone Number
Position		Responsibilities	
Reason for leaving			May we contact this employer for a reference? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

From:	To:	Employer Name & Address	Phone Number
Position		Responsibilities	
Reason for leaving			May we contact this employer for a reference? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

From:	To:	Employer Name & Address	Phone Number
Position		Responsibilities	
Reason for leaving			May we contact this employer for a reference? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

From:	To:	Employer Name & Address	Phone Number
Position		Responsibilities	
Reason for leaving			May we contact this employer for a reference? <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

**Education History**

Name and Location of School	# of Years Attended	Did you Graduate?	Degree Earned
High School:			
College			
Trade Business School:			

**References** *Give the names of at least 3 persons not related to you whom you have known at least one year*

Name	Phone Number	Relationship / Business

I authorize that the facts contained on this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information pertinent to possible employment consideration.

I also understand and agree that no representative of United Mfg. has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_