



Application for Employment

EQUAL OPPORTUNITY EMPLOYER

A&B MACHINE AND DESIGN
 2040 Commerce Drive
 Sidney, OH 45365-0940
 P: 937.492.8662

Personal Information

DATE _____

NAME (LAST, FIRST)		SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE	SECONDARY PHONE	REFERRED BY	

Employment Desired

POSITION	DATE YOU CAN START	SALARY REQUIRED	ARE YOU EMPLOYED NOW? <input type="checkbox"/> Y <input type="checkbox"/> N
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> Y <input type="checkbox"/> N	LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> Y <input type="checkbox"/> N	APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> Y <input type="checkbox"/> N	WHEN

Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR OTHER SCHOOL				

General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	SPECIAL TRAINING
SPECIAL SKILLS	U.S. MILITARY OR NAVAL SERVICE/RANK

Former Employers (LIST THE LAST THREE, MOST RECENT ONE FIRST)

DATE: START/END	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING

References (LIST THREE PERSONS, NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

Authorization

"I certify that the facts contained herein 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 references and employers listed above to give you any information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company 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. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act and other relevant federal and state laws."

DATE _____

SIGNATURE _____