



Advanced Tooling & Manufacturing Solutions

# Employment Application

Quality Tool Service, Inc. considers applicants for all positions without regard to race, color, religion, gender, national origin, age, marital status, veteran status, disability, or any other legally protected status. Quality Tool Service, Inc. is an equal opportunity employer. Quality Tool Service, Inc. is a drug free work place.

Please print legibly and complete all pages of this employment application. Sign and date on the final page of this application. Thank you for considering Quality Tool Service, Inc. for employment.

Today's Date: \_\_\_\_\_

<i>First Name</i>	<i>Last Name</i>	<i>Middle Initial</i>	
<i>Street Address</i>	<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Phone Number</i>	<i>E-Mail Address</i>		
<b>Position Applying For:</b> <input type="checkbox"/> Machinist <input type="checkbox"/> CNC Machinist <input type="checkbox"/> Other (Specify) _____		<b>Work Preferences:</b> <input type="checkbox"/> 1st Shift <input type="checkbox"/> 2nd Shift <input type="checkbox"/> Weekend Shift (Fri.-Sun.)	

### Personal Reference Information:

Name of Reference	Association to You	Complete Address	Phone Number

Have you ever been employed by Quality Tool Service before?  Yes  No

If "yes", Please list dates: \_\_\_\_\_

Have you ever applied for employment with Quality Tool Service before?  Yes  No

If "yes", Please list dates: \_\_\_\_\_

Are you legally authorized to work in the United States:  Yes  No

If hired, please list date you would be available to start: \_\_\_\_\_

How did you hear about Quality Tool Service:  Quality Tool Employee  Prior Employment

Employment Agency  Other (Specify): \_\_\_\_\_



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Please complete your employment history. Start with your most current employment. Include any job related military service assignments or volunteer activities. Please answer all questions completely.

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_

Dates Employed from \_\_\_\_\_ to \_\_\_\_\_

Beginning Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_

Dates Employed from \_\_\_\_\_ to \_\_\_\_\_

Beginning Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Direct Supervisor's Name: \_\_\_\_\_

Dates Employed from \_\_\_\_\_ to \_\_\_\_\_

Beginning Wage: \$ \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_

Job Duties/Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_



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For reference checking purposes **ONLY**, complete the following information  
(Please print)

1. May your **current** supervisor, references and/or individuals associated with your **current** employer (including Human Resource department) be contacted?

Yes  No

Specific Comments: \_\_\_\_\_

2. Provide any **former** or **alternate name(s)** such as change of last name and/or use of assumed last name or nickname in order to locate your employment and/or school records.

Also known as: \_\_\_\_\_

### **Education**

3. Please provide education history:

<b>High School Name:</b> _____	<b>Technical School Name:</b> _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Phone Number: _____	Phone Number: _____
Number of Years Completed: _____	Number of Years Completed: _____
Graduate: _____	Graduate: _____
Major: _____	Major: _____

<b>College Name:</b> _____	<b>Other Name:</b> _____
Address: _____	Address: _____
City, State, Zip Code: _____	City, State, Zip Code: _____
Phone Number: _____	Phone Number: _____
Number of Years Completed: _____	Number of Years Completed: _____
Graduate: _____	Graduate: _____
Major: _____	Major: _____

Note: Answer the following questions **ONLY** if instructed by the hiring Manager. This information is required to conduct a background record check.

4. Social Security Number: \_\_\_\_\_

Note: Answer the following questions **ONLY** if instructed by the hiring Manager. This information is required to conduct a driver's record check.

5. Driver's License Number: \_\_\_\_\_

6. Issuing Authority (State): \_\_\_\_\_  
(The state in which you obtained your current driver's license)



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## Pre-Employment and Release

I certify that all facts contained in the application are true and complete and acknowledge that the company is relying on the accuracy of the information provided. I voluntarily and knowingly authorize any former employer, person, firm, corporation, credit agency, organization, educational institution, or government agency, its officers, employees and agents, to release all information to said prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information on behalf of this employer. I understand the employment information may include, but is not necessarily limited to performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, opinions, and public record information regarding my suitability for employment possessed by it. I understand and agree that said prospective employer, as part of its evaluation of employment, may ask a company that provides reference-checking services to assemble this information, as well as information on my character through interviews (by telephone or written correspondence) or other contact with references and others who may know me or may know about the items of information requested and that a report of this information may be made to said prospective employer. I understand that I have the right to request additional information about this inquire and reference report. This additional information will be provided to me upon my written request. In addition, I recognize a copy of this authorization and release is as valid as the original and should be considered as such. I also authorize the company to give references and provide information about me in response to inquiries subsequent to my employment, if hired. I understand that falsification, misrepresentation or omission of requested facts may result in denial of employment or, if employed, may result in immediate dismissal.

I understand and agree that, if hired; my employment will be for no definite period and may, regardless of the date of payment of wages, be terminated at any time without previous notice and with or without reason, at the will of either myself or the company. I also understand and agree that no one has authority to promise me job security or continued employment, except the CEO of the company in a formal written agreement signed by both of us.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages or costs, including attorney's fees, present or future, except of the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts known are untrue.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name