



# EMPLOYMENT APPLICATION

**Approved:** \_\_\_\_\_ **For Office Use Only**

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Dept.** \_\_\_\_\_ **Rate** \_\_\_\_\_

\_\_\_\_\_ **Date:** \_\_\_\_\_ **Shift** \_\_\_\_\_ **Physical** \_\_\_\_\_

\_\_\_\_\_ **Start Date** \_\_\_\_\_

\_\_\_\_\_ **Employee Status** \_\_\_\_\_ **F.T.** \_\_\_\_\_ **P.T.** \_\_\_\_\_

\_\_\_\_\_ **Exempt** \_\_\_\_\_ **Non-Exempt** \_\_\_\_\_ **Hourly** \_\_\_\_\_

**PLEASE PRINT USING YOUR OWN HANDWRITING**

## GENERAL

**Name** \_\_\_\_\_ **SS#** \_\_\_\_\_

Last                      First                      Middle

**Address** \_\_\_\_\_

Street                                      City                                      State                      Zip

**Telephone** \_\_\_\_\_ **Hours you can be reached** \_\_\_\_\_

**Previous Address** \_\_\_\_\_

**Specific position applied for** \_\_\_\_\_ **Rate of pay expected** \_\_\_\_\_

**Type of employment (check one)**  full time  part time  intern  summer  temporary

**Are there any times you are unable to work?**  yes  no **If so, when?** \_\_\_\_\_

**If hired, when can you start?** \_\_\_\_\_ **Are you 18 years of age or older?**  yes  no

**If you have worked for Metal Flow before, list dates and positions held** \_\_\_\_\_

**List any friends or relatives working for Metal Flow** \_\_\_\_\_

**Have you been convicted of a misdemeanor or felony in the last five years?**  yes  no **If so, explain:** \_\_\_\_\_

**Are there any misdemeanor or felony charges pending against you?**  yes  no **If so, explain:** \_\_\_\_\_

**Are you currently working under an employment or non-compete contract or agreement?**  yes  no **If so, describe:** \_\_\_\_\_

## GENERAL

School Name and Location	Area of Study	GPA	Did you Graduate
High School	_____	_____	_____
College	_____	_____	_____
Business/Trade	_____	_____	_____
Other	_____	_____	_____

**PRESENT AND PAST EMPLOYERS (Begin with most recent)**

Dates From/To	Name, Address And Telephone Of Employer	Rates Of Pay Start/Finish	Supervisor's Name And Title	Reason For Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Job Responsibilities \_\_\_\_\_

Dates From/To	Name, Address And Telephone Of Employer	Rates Of Pay Start/Finish	Supervisor's Name And Title	Reason For Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Job Responsibilities \_\_\_\_\_

Dates From/To	Name, Address And Telephone Of Employer	Rates Of Pay Start/Finish	Supervisor's Name And Title	Reason For Leaving
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Job Responsibilities \_\_\_\_\_

List dates and reasons for periods of unemployment longer than one month during the last five years. \_\_\_\_\_

\_\_\_\_\_

**SKILLS/EXPERIENCE**

Describe skills and experience which you feel qualify you for the position for which you are applying. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT READ CAREFULLY**  
(Before Signing)

The following provisions are important with respect to your application for employment and/or potential employment with Metal Flow Corporation (also referred to as the "Company").

**Equal Employment Opportunity and Reasonable Accommodation**

Except with respect to any bona fide occupational qualifications, all applicants are considered for employment without regard to race, color, national origin, sex, religion, age, height, weight, marital status or disability/handicap (if otherwise qualified).

The Michigan Handicapper's Civil Rights Act (as amended) provides that: "A handicapper may allege a violation against a person (employer) regarding a failure to accommodate . . . only if the handicapper notifies the person (employer) in writing of the need for accommodation within 182 days after the handicapper knew or reasonably should have known that an accommodation was needed."

(continued)

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## **Pre-Employment (Post-Offer) Physical Examination**

I understand that pre-employment (post-offer) physical examinations and related tests (including drug screening) are required as a condition of employment and in keeping with the Company's commitment to a drug and alcohol free environment. I consent to such physical examinations and related tests (including drug screening) by physicians or labs selected by the Company, with the understanding that the cost of such examinations and tests will be borne by the Company; and I authorize all information regarding such physical examinations/tests to be released to the Company. I understand that my failure to submit to such physical examinations and related tests (including drug screening) will invalidate this application and eliminate further employment consideration; and I further understand that any offer of employment made to me may be "conditional" -i.e. subject to the outcome of the physical examinations/tests.

## **Employment Terms And Conditions**

I agree to abide by the Company's various policies, procedures and other employment requirements at all times; and I understand that such matters (including but no limited to its compensation and benefit programs) are subject to change at any time and from time to time. I further understand that my employment (if granted) will be at will and that it can, therefore, be terminated at any time, with or without notice or cause, by either me or the Company. I am also advised that, except by written agreement signed by the Company's President, no one has any authority to offer me employment for either any definite or indefinite period of time, or to otherwise make any employment commitment contrary to these provisions.

## **Certification Of Information And Authorization For Release**

I certify that I have read and understand the provisions of this application, and of any documents which accompany the application; and I consent to its/their terms.

I further certify that the information furnished in or accompanying this application is true, complete and correct. I understand and agree that any falsification, misrepresentation, distortion or omission with respect to such information, whether pertaining to this application or other aspects of the pre-hiring process, will be reason for: (1) my not being offered employment or (2) my dismissal at any time if employed.

In connection with my application for employment, I authorize a background check of my current and previous employment, and of the activities and statements contained in this application; and I release from any and all liability or responsibility all persons, firms and/ or corporations supplying such information in connection with my application for employment with the Company. I understand and agree that such information may include reports or records of disciplinary action having been taken by current and previous employers; and I release all such persons, firms and/or corporations from any obligation (under the Bullard-Plawecki Employee Right-To-Know Act or otherwise) to provide me with written notification of their disclosure of any such disciplinary reports or records to the Company.

## **Application Period**

I understand that this application for employment will be considered active for a period of time not to exceed six months. Thereafter, I should reapply if I have continuing interest.

**Signature Of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(You will be asked to sign at your interview)

**Thank you for applying at Metal Flow Corporation.**

## Drug Test Consent Form

I understand that Metal Flow Corporation requires drug testing as part of the post-offer/pre-employment physical and that I cannot reapply for a period of six months if results are positive for drug use.

Metal Flow Corporation assures the confidentiality of the information pertaining to the testing process and results. Applicants are further assured an opportunity for retesting if so chosen at their own expense.

I, \_\_\_\_\_, consent to drug testing coordinated through Metal Flow Corporation's company medical clinic.

I further consent to release Metal Flow Corporation and its chosen medical clinic from any liability related to my test.

I am aware that failure to sign the consent form or participate fully in the required testing procedures disqualifies me from eligibility for employment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(You will be asked to sign at your interview)