

MW TEXAS DIE CASTING, INC. APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, gender, age, national origin, citizenship, disability, marital or veteran status or any other status protected by law.

Print and Fax to 903 845-6155

Date _____

P E R S O N A L	<u>Last Name</u>	<u>First Name</u>	<u>Middle/Maiden</u>	<u>Social Security Number</u>
	Street Address _____ Apt #: _____		Home Phone _____	
	Mailing (if different from above) _____		Cell Phone _____	
	City / State <u>sgfkslm agf</u>		Zip Code _____	
	Do you wish to work <i>Full Time</i> ____ <i>Part Time</i> ____		Position Desired _____	
	Will you work <u>Overtime</u> ? <i>Yes</i> ____ <i>No</i> ____		Pay Expected _____	
	Will you work <u>weekends</u> ? <i>Yes</i> ____ <i>No</i> ____			
	Will you work <u>any shift</u> ? <i>Yes</i> ____ <i>No</i> ____			
	Check your shift preferences		7 am - 3:30 pm 3 pm - 11:30 pm 11 pm - 7:30 am	
	My # 1 Shift Preference _____		Are you over the age of 18? Yes ____ No ____	
My # 2 Shift Preference _____				
My # 3 Shift Preference _____				
Have you ever worked at TDC before? Yes ____ No ____ If Yes - When _____				
Have you ever applied for employment with us before? Yes ____ No ____ If Yes - When _____				
Do you have reliable transportation to get to work? Yes ____ No ____ <i>Ride With - Who?</i> _____				
Person to notify in case of emergency? Name: _____ Phone # _____				
When are you available to begin work? _____				
Referral Source _____				

E D U C A T I O N	School	Name and Location of School	Course of Study	No of Years Completed	Did you graduate?	Degree or Diploma
	High School					
	College					
	Trade/Business/Other					

M I L I T A R Y	Were you in the US Armed Forces? Yes ____ No ____ If Yes - Branch: _____
	Dates of duty: From _____ to _____ Rank at Separation: _____
	Briefly describe your duties: _____ _____

E M P L O Y M E N T H I S T O R Y	Name of Employer:	Telephone ()
	Address	Employment Dates (Mo / Yr)
	Name of Supervisor	From _____ To _____
	Position	Salary
	Description of work	Starting _____ Ending _____
		Reason for Leaving:
	Name of Employer:	Telephone ()
	Address	Employment Dates (Mo / Yr)
	Name of Supervisor	From _____ To _____
	Position	Salary
	Description of work	Starting _____ Ending _____
		Reason for Leaving:
	Name of Employer:	Telephone ()
	Address	Employment Dates (Mo / Yr)
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	Name of Employer:	Telephone ()
	Address	Employment Dates (Mo / Yr)
	Name of Supervisor	From _____ To _____
Position	Salary	
Description of work	Starting _____ Ending _____	
	Reason for Leaving:	

IF MORE SPACE IS NEEDED, PLEASE ATTACH ANOTHER SHEET OF PAPER.

<i>We may contact the employers listed above unless you indicate those you do not want us to contact.</i>	
<u>DO NOT CONTACT:</u>	
Employer: _____	Reason: _____
Employer _____	Reason: _____

G E N E R A L	List any professional licenses held:		
	List all office and factory machines you can operate efficiently:		_____
	Do you own tools for work?	Yes _____	No _____
	Can you read blue prints?	Yes _____	No _____
	Are you legally eligible for employment in the Unites States?	Yes _____	No _____
	Have you ever been convicted of a criminal offense?	Yes _____	No _____
If yes - Explain:			_____

(an affirmative answer will not automatically disqualify you from being considered for employment)			

R E F E R E N C E S	Name and Address (NOT EMPLOYERS OR RELATIVES)	Occupation	Telephone

Are you able to stand for eight (8) hours?	Yes _____	No _____
Are you able to lift fifty (50) pounds twenty (20) times a day?	Yes _____	No _____
Are you able to perform the tasks of the job for which you are applying with or without accommodations?	Yes _____	No _____
If accommodations for disabilities are necessary, how would you perform the task and with what accommodations?		

Would you consent to a physical exam including blood test and x-rays for pre-employment or post-employment reasons associated with your position?	Yes _____	No _____
If NO, please explain: _____		
Can you speak English?	Yes _____	No _____
Can you speak Spanish?	Yes _____	No _____
Other Languages you speak _____	Can you read English?	Yes _____ No _____
	Can you read Spanish?	Yes _____ No _____
	Other Languages you read _____	
Please including any general information you think would be helpful to us in considering you for employment.		

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN

I certify that all information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the company or myself. I understand that no management official other than the president of the company has the authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), previous employers, healthcare providers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

We encourage qualified individuals with disabilities to apply for employment. Individuals with disabilities who require reasonable accommodations to participate in any portion of the application, can provide documentation confirming a disability and the need for accommodations.

Signature

Date

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN

I understand, according to MW Texas Die Casting Procedure / Policy, that I must pass a pre-employment urinalysis drug screen and take a physical examination (with possible x-rays) to be eligible for hire

I also agree that if I leave Texas Die Casting's employment voluntarily within six (6) months of my hire date, I will reimburse Texas Die Casting the cost of the physical by having the amount deducted from my last pay check. I also agree that if I leave Texas Die Casting's employment voluntarily within sixty (60) days of my hire date, I will reimburse Texas Die Casting the cost of the drug screen.

I have read and understand Texas Die Casting's Procedure 1-6A Policy 1-1, *Policy for Drugs, Alcohol, and other Prohibited Substances.* I understand that continued drug testing and post accident drug testing and alcohol screening will occur to ensure a drug free workplace. I also authorize the release of test results to Texas Die Casting and governmental agencies as required.

Signature

Date

This application will be retained for three (3) months in our active files. If you desire employment consideration by this company after that time, you must submit a new application.