



# Application for Employment

It is the policy of Anderton Castings, LLC to comply with all applicable state and federal laws prohibiting discrimination in employment, based on race, age, color, sex, religion, national origin, disability, or other protected classification.

**PERSONAL INFORMATION** complete all applicable information

Name (Full – Last, First, MI)			Date:		
Position (s) applied for: Desired Shift:		Are you willing to work: ___ Full Time ___ Part Time ___ Temporary			
Address:		City		State	Zip Code
Home Phone	Business Phone	Have you previously been employed by our company? ___ Yes ___ No When?			
Are you willing to work overtime as required? ___ Yes ___ No		When could you start employment?		How did you learn of this position?	
Are you over 18 years old? ___ Yes ___ No	Wage or salary desired:		Are authorized to work in the U.S. on an unrestricted basis? ___ Yes ___ No		

**EMPLOYMENT HISTORY (List ALL employment for the PAST TEN YEARS, starting with the most recent one first)**

Present or Last Position	Name of Company		From Mo/Yr		To Mo/Yr
Street Address:		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission	May we contact your supervisor?	
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position	Name of Company		From Mo/Yr		To Mo/Yr
Street Address		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position	Name of Company		From Mo/Yr		To Mo/Yr
Street Address		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	
Next Previous Position	Name of Company		From Mo/Yr		To Mo/Yr
Street Address		City		State	Zip
Duties:		Reason for Leaving:			
Starting Annual Salary	Final Annual Salary	Bonus	Commission		
Name of Supervisor		Title and Department of Supervisor		Phone Number of Supervisor	

**EDUCATION INFORMATION**

High School or GED	Address	City	State	Diploma? ___Yes ___No		
College	Address	City	State	Degree	Major	GPA
College	Address	City	State	Degree	Major	GPA
Graduate School	Address	City	State	Degree	Major	GPA
Other	Address	City	State	Degree	Major	GPA

**GENERAL**

*In addition to your work history, what other experiences, skills, or qualifications would especially fit you for work with our company?*

*Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? \_\_\_Yes \_\_\_No*

*Have you ever filed a workers compensation claim? \_\_\_Yes \_\_\_No*

*Can you perform these essential functions with or without reasonable accommodation? \_\_\_Yes \_\_\_No*

Have you ever been convicted of a felony or subjected to deferred adjudication on a felony charge? \_\_\_Yes \_\_\_No

If yes, explain in detail: (a conviction may not disqualify you, but a false statement will.)

If applicable, in what computer software programs are you **proficient**?

Please list (2) two personal references:

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY**

I understand that employment with Anderton Castings, LLC is at-will, meaning that I or Anderton Castings, LLC may terminate my employment at any time, or for any reason consistent with state or federal law.

I authorize Anderton Castings, LLC to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release Anderton Castings, LLC and its representatives or agents, from any liability that might result from such investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information.

I understand Anderton Castings, LLC requires the successful completion of a drug and/or alcohol test as a condition of employment.

**I certify all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.**

Date:

Applicant's Signature: