



APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Hutchens Industries is an equal opportunity employer and complies with all applicable laws prohibiting discrimination on the basis of race, color religion, national origin, sex, age, disability, veteran status, or genetic information/status.

Date:

PERSONAL INFORMATION

Name:
Last First Middle

Phone: Present SSN (last 4 digits):

Email:

Address:
Number Street

Apt./Suite:

City: State: Zip Code:

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required Employment Eligibility Verification form upon hire.

Emergency Contact: Phone:

DETAILS

Are you over the age of 18? Yes No
 • If no, hire is subject to verification that you are of minimum legal age.

Would you work: Day Shift Night Shift Either

Were you previously employed by us? Yes No If yes, when?

If your application is considered favorably, when would you be available for work?

Are you experienced, or have you used the following machines?

<input type="checkbox"/> Typewriter (WPM <input type="text"/>)	<input type="checkbox"/> Grinding	<input type="checkbox"/> Welding
<input type="checkbox"/> Laser	<input type="checkbox"/> Punch Press	<input type="checkbox"/> Electrical Maintenance
<input type="checkbox"/> Calculator	<input type="checkbox"/> Forklift	<input type="checkbox"/> Drafting
	<input type="checkbox"/> Drill Press	<input type="checkbox"/> Press Brake

Other:

EDUCATION

ELEMENTARY SCHOOL

School Name:

Address:

Course of Study: Level Completed:

Did You Graduate: Yes
 No

HIGH SCHOOL

School Name:

Address:

Course of Study: Level Completed:

Did You Graduate: Yes
 No

COLLEGE

School Name:

Address:

Course of Study: Level Completed: Diploma/Degree:

Did You Graduate: Yes
 No

OTHER

Specify type:

School Name:

Address:

Course of Study: Level Completed: Diploma/Degree:

Did You Graduate: Yes
 No

ADDITIONAL SKILLS

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the company?

WORK HISTORY

Position #1

Company Name:	<input type="text"/>	Supervisor:	<input type="text"/>				
Address:	<input type="text"/>	Phone:	<input type="text"/>	Business Type:	<input type="text"/>		
Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Starting Pay:	<input type="text"/>	Ending Pay:	<input type="text"/>
Reason for Leaving:	<input type="text"/>	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe your work:	<input type="text"/>						

Position #2

Company Name:	<input type="text"/>	Supervisor:	<input type="text"/>				
Address:	<input type="text"/>	Phone:	<input type="text"/>	Business Type:	<input type="text"/>		
Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Starting Pay:	<input type="text"/>	Ending Pay:	<input type="text"/>
Reason for Leaving:	<input type="text"/>	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe your work:	<input type="text"/>						

Position #3

Company Name:	<input type="text"/>	Supervisor:	<input type="text"/>				
Address:	<input type="text"/>	Phone:	<input type="text"/>	Business Type:	<input type="text"/>		
Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Starting Pay:	<input type="text"/>	Ending Pay:	<input type="text"/>
Reason for Leaving:	<input type="text"/>	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe your work:	<input type="text"/>						

Position #4

Company Name:	<input type="text"/>	Supervisor:	<input type="text"/>				
Address:	<input type="text"/>	Phone:	<input type="text"/>	Business Type:	<input type="text"/>		
Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Starting Pay:	<input type="text"/>	Ending Pay:	<input type="text"/>
Reason for Leaving:	<input type="text"/>	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe your work:	<input type="text"/>						

Position #5

Company Name:	<input type="text"/>	Supervisor:	<input type="text"/>				
Address:	<input type="text"/>	Phone:	<input type="text"/>	Business Type:	<input type="text"/>		
Start Date:	<input type="text"/>	End Date:	<input type="text"/>	Starting Pay:	<input type="text"/>	Ending Pay:	<input type="text"/>
Reason for Leaving:	<input type="text"/>	May We Contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Describe your work:	<input type="text"/>						

APPLICATION COMPLETION

I understand that I may be subjected to a post-offer screening process. If employed, I hereby agree to abide by the rules and regulations of the Company. I declare the foregoing statement to be a true and complete statement of facts.

Falsification of, or discrepancies in any of the information requested in this Application for Employment, or falsification, or discrepancies in any other information supplied by the applicant to the Company, shall constitute just cause for termination of employment.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Signature



APPLICANT CHARACTERISTIC SURVEY

Qualified applicants are considered for employment, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, marital status, medical condition or disability.

To help us comply with Federal/State equal employment opportunity record keeping, reporting and other legal requirements, please answer questions below.

This Pre-employment information Form will be kept in a Confidential File separate from the attached Application for Employment.

YOUR COOPERATION IS VOLUNTARY

Date:

PERSONAL INFORMATION

Position(s) Applied For:

Referred By:

Name: Last First Middle

Phone:

Present Address: Number Street

Apt./Suite:

City: State: Zip Code:

Date of Birth: Age:

QUALIFICATION DETAILS

Race/Ethnic Group: White Black Hispanic
 Asian/Pacific Islander American Indian/Alaska Native Other

Gender: Male Female Other

Are you a Vietnam Era Veteran? Yes No

Are you a Special Disabled Veteran? Yes No

Are you any other Eligible Veteran? Yes No

* According to Veterans Employment Opportunities Act (VEOA) Public Law 105-339