

Employment Application

We are an Equal Opportunity Employer

Please print in ink. You must complete entire application and sign at end.

Date: _____

Applicant Information

Name (first, middle, last)

Address (street, city, state, zip code)

Phone Number

Are you legally authorized to work in the U.S.? Yes No
(If hired, you will be required to provide proof of work authorization)

Are you at least 18 years old? Yes No
If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work you are applying for and have obtained a valid work permit.

Have you ever pleaded "guilty" or "no contest" or been convicted of a crime? Yes No

If yes, please explain 1) nature of crime, 2) date of conviction, and 3) state and county in which convicted.
(A conviction will not necessarily bar you from employment. You should not disclose any information regarding criminal records that have been sealed.)

Have you ever applied at this company before?
 Yes No If yes, when:

Have you ever worked at this company before?
 Yes No If yes, when:
Under what name:

Will you travel if job requires it? Yes No

Will you work overtime if required? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? N/A Yes No

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?
This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Position Applying For

Part-Time or Full-Time Desired

Desired Compensation

Shift Preference

When can you start?

How were you referred to the company?

Agency
 Newspaper
 Other: _____

Walk-in
 School

Internet
 Friend/Relative

Special Skills

1. If relevant, please describe word-processing speed, software knowledge, and office equipment experience.

2. If relevant, please describe experience using manufacturing machines and equipment.

3. Please list other valuable skills you possess that would be valuable to the company.

Education

School	Name and Location (city, state)	No. Years Attended	Major Subjects	Diploma or Degree Received
High				<input type="checkbox"/> Yes <input type="checkbox"/> No
College				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:
Other (specify)				<input type="checkbox"/> Yes <input type="checkbox"/> No
				Type:

Training Courses

List any relevant training programs completed.

Course/Seminar	Sponsoring Organization	Content	Date(s) Attended

Required License(s)

If required to drive a motor vehicle for the job applying for, state your:

1) driver's license number

2) state issued

3) expiration date

Are you licensed/have certifications which will assist in the job? Please explain.

Yes

No

Registration or License Number	State Issued	Expiration Date

Employment History (Start with most recent; use separate sheet if necessary)

Name of Employer

Telephone ()

Address

Job Title

Employment Dates (month and year)

Name of Immediate Supervisor

From

To

Description of Duties

Compensation – start end

Reason for Leaving

If currently employed, may we contact as a reference? Yes No Later

Name of Employer

Telephone ()

Address

Job Title

Employment Dates (month and year)

Name of Immediate Supervisor

From

To

Description of Duties

Compensation – start end

Reason for Leaving

Name of Employer

Telephone ()

Address

Job Title

Employment Dates (month and year)

Name of Immediate Supervisor

From

To

Description of Duties

Compensation – start end

Reason for Leaving

Employment References (List individuals familiar with your job qualifications **(other than relatives or personal friends)**.)

Name

Day Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

Name

Day Telephone ()

Evening Telephone ()

Address

Relationship

How long known?

Employment References (continued)	
Name	Day Telephone () Evening Telephone ()
Address	
Relationship	How long known?

Please Read Carefully Before Signing This Form

1. All information contained in this application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired, regardless of when such information is discovered.
2. I authorize the company to investigate my responses on this application and contact any or all of my former employers or any individuals familiar with me or my employment background for the purpose of verifying any information I have provided and/or for the purpose of obtaining any information, whether favorable or unfavorable, about me or my employment. I voluntarily and knowingly fully release and hold harmless any persons or organizations providing information pertaining to me or my employment.
3. I understand that upon receiving a job offer, a physical examination and drug screening may be required. (Note: If this is a job requirement, you will be notified.)
4. I understand that prior to my employment I may be asked to sign a background check consent form or other documentation in order to facilitate my hiring. I agree to sign these forms.
5. I understand that this application remains current for only 90 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
6. **This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status under applicable federal, state or local law. The Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.**
7. Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the company is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's, unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed, written document.

Signature of Applicant _____

Date _____

Thank you for your interest in our company.



QUESTIONNAIRE FOR APPLYING TO FOSTERMATION, INC.

Please rate yourself on experience in each area listed below.

1 = Very Experienced
2 = Some Experience
3 = Little or No Experience

QUALITY:

	1	2	3
Blue Print Reading:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dial Calipers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Height Gage:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gage Blocks:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toolmaker Microscope:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PPAP:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CPK Studies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SPC Charting & Measurements:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Micrometers:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indicators:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Optical Comparator:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Pc. Full Inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Final Pc. Inspection:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROCESSING:

Equipment Start Up/Shut Down:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment Set Up:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Collet Experience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating Forklift:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand Tools Experience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

QUESTIONNAIRE FOR APPLYING TO FOSTERMATION, INC. (Continued)

Please rate yourself on experience in each area listed below.

1 = Very Experienced
2 = Some Experience
3 = Little or No Experience

PACKAGING:

	1	2	3
Parts Pack:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weighing:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shipping:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Receiving:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parts Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inventory:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GENERAL:

Computer Skills:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintenance:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweeping/Cleaning:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Control:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Experience:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments/Skills you feel may be valuable to the company:

QUESTIONNAIRE FOR APPLYING TO FOSTERMATION, INC. (Continued)

Do you currently have Medical Benefits?: YES NO

Why do you want to work at Fosteration, Inc.?

Why should Fosteration, Inc. consider you as an Employee?

Signature of Applicant

Date

Thank you for your interest in Fosteration, Inc.

***200 Valleyview Drive
Meadville, Pa 16335
Phone: (814)336-6211 Fax: (814)333-1297
www.fosteration.com***