



## Howell Foundry Application for Employment

\*An equal opportunity employer

### Personal Information

Name (Last Name First): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date: \_\_\_\_\_

Present Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Permanent Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_ Referred by: \_\_\_\_\_

### Employment Desired

Position Applying for: \_\_\_\_\_ Date you can start: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Are you currently employed? Y\_\_\_ N\_\_\_ If So, may we inquire with your current employer? Y\_\_\_ N\_\_\_

Are you legally able to work in the US? Y\_\_\_ N\_\_\_ Have you ever applied to Howell Foundry before? Y\_\_\_ N\_\_\_ If so, when? \_\_\_\_\_

### Education History

	Name and location of school	Years attended	Did you graduate?	Subjects studied
High School				
College				
Technical School				

### General Information

Special studies and/or research work: \_\_\_\_\_

Special Training: \_\_\_\_\_

Special Skills: \_\_\_\_\_

Military Service?: \_\_\_\_\_

### Former Employers

Date (month & year)	Name and Address of Employer	Salary	Position	Reason for Leaving	Contact Phone	May we contact (Y or N)?

### References

Name	Address	Business	Contact Phone	Years Know	Relationship

### Authorization

"I do certify that the facts contained within this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I do authorize investigation into all statements herein and the references and employers listed above to give you any and all information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_