



HR-102 EMPLOYMENT APPLICATION

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Full Name: _____ Date: _____
Address: _____ *D.O.B.: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Mobile Phone: _____
Social Security Number: _____
Position Sought: _____ Desired Wage/Salary \$ _____
Are you a U.S. citizen? [] Yes [] No If no, are you authorized to work in the U.S. without any restriction? [] Yes [] No
Have you ever been convicted of a felony? [] Yes [] No If yes, please describe the circumstances:

EDUCATION

<u>School Name</u>	<u>Location</u>	<u># Years Attended</u>	<u>Did you Graduate?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any training, certifications, or licenses held: _____
List other information pertinent to the employment you are seeking: _____

EMPLOYMENT HISTORY (Please Provide Most Recent Employment First)

Employer: _____ Dates Employed (mm/yy): _____ to _____
Job Title _____ Supervisor: _____
Address: _____ City: _____ State: _____
Phone: _____ Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____

Employer: _____ Dates Employed (mm/yy): _____ to _____
Job Title _____ Supervisor: _____
Address: _____ City: _____ State: _____
Phone: _____ Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____

*Date of birth (D.O.B.) is required from all applicants and employees for a background check and pre-employment drug test

Employer: _____ Dates Employed (mm/yy): _____ to _____
Job Title _____ Supervisor: _____
Address: _____ City: _____ State: _____
Phone: _____ Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____

Employer: _____ Dates Employed (mm/yy): _____ to _____
Job Title _____ Supervisor: _____
Address: _____ City: _____ State: _____
Phone: _____ Starting Wage: _____ Ending Wage: _____
Reason for Leaving: _____

AUTHORIZATION AND RELEASE *(Please read carefully before signing)*

I certify that the information contained in this application is correct to the best of my knowledge and that any material misrepresentation(s) and/or omission(s) on this application or in any written or oral statement used to secure my employment is/are grounds for dismissal from the employ of City Plating and Metal Finishing LLC if I am hired or rejection of my application for employment, regardless of the time lapsed before discovery.

I authorize City Plating and Metal Finishing LLC to investigate my references and other information about me, and I authorize my former employers and any other persons or organizations to provide any accurate information they have about my background. I release City Plating and Metal Finishing and all other persons and entities from any claim arising out of the investigation or disclosure. **This authorization includes conducting criminal background checks, before and during employment.**

I understand, also, that there will be a probationary period at the beginning of my employment and that I am required to abide by all rules and regulations.

Print Name Signature Date

DOT/FAA PRE-EMPLOYMENT NOTIFICATION & ACKNOWLEDGEMENT

I understand and acknowledge that I will be required to undergo a DOT/FAA pre-employment drug test for the following substances prior to being hired or transferred into a DOT/FAA safety-sensitive position as defined in 14 CFR Part 120:

- Marijuana,
- Cocaine,
- Opiates,
- Phencyclidine (PCP), and
- Amphetamines.

Additionally, Per the DOT’S procedural regulation, 49 CFR Part 40, § 40.25(j), I understand and acknowledge that I will be asked to provide information about my drug and alcohol testing history with former DOT/FAA-covered employers.

Print Name Signature Date