



# HAMMILL MANUFACTURING COMPANY EMPLOYMENT APPLICATION

Email App. to info@hammillmfg.com or mail to P.O. Box 1450 Maumee, OH 43537

**Non-Discrimination Policy:** Hammill Manufacturing is committed to the principle of equal opportunity in employment and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, sexual orientation, disability or handicap, veteran status and/any state and local protected status.

## General Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_  
Home Cell

If you are under the age of 18 and it is required, can you furnish a work permit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you submitted an application here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever been employed here before? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you legally eligible for employment in the United States \_\_\_\_\_ Yes \_\_\_\_\_ No

(If offered employment, you will be required to provide documentation to verify eligibility)

Employment desired \_\_\_\_\_ Full-Time \_\_\_\_\_ Part-Time \_\_\_\_\_

Are you willing to work \_\_\_\_\_ first shift \_\_\_\_\_ second shift \_\_\_\_\_ third shift (check all that apply)

Will you be able to meet the attendance requirements of the position? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you willing to work overtime as required? \_\_\_\_\_ Yes \_\_\_\_\_ No

What date are you available for work? \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Desired Salary/Wage? \$ \_\_\_\_\_ per hour

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Have you ever been convicted of a misdemeanor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain \_\_\_\_\_

Have you ever served in the U.S. Armed Forces? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Branch

Date Served \_\_\_\_\_ Skills acquired \_\_\_\_\_

## Position Skills

Please list all skills that you have for the desired position (e.g., computer, programming, CNC machining, fork truck, ISO, trade skills, etc.) \_\_\_\_\_

**Education**

Type of School	School Name	City, State	Years Completed	Degree
High School				
College				
Trade School				
Professional School				
Special Honors				

**Work Experience** - Please list your work experience in order starting with your most recent job.

Employer	Dates Employed From:  To:	Work Performed
Address	Supervisor	
Job Title	Reason for Leaving	

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Applicant Name:

**References** - Please list two references other than relatives or previous employers.

Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

**Waivers and Disclosures** - please read carefully and sign where indicated.

**At-Will Employment**

It is my understanding that this employment application, or the granting of an interview, does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that, if hired, my employment will be at-will in nature and may be terminated, with or without cause, at any time, by either myself or my employer. I understand that, if hired, the terms of my employment may change at any time, with or without notice. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

**Certification of Truth and Accuracy**

I certify that the information in this applications true, complete and correct. I understand that false answers, misstatements, or significant omissions made by me on this form or in an interview shall be sufficient cause for denial of employment or subsequent discharge.

**Notification and Authorization to Require A Medical Examination**

I certify that, if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment medical examination, including drug testing, by the company's designated provider.

**Pre-Employment Inquiry Authorization Release**

In connection with my application for employment, I understand and agree that certain background inquiries may be requested by the company or on your behalf that will seek information as to my character, health, work habits, and abilities, along with reasons for termination of past employment. Further, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources that maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background as well as workers' compensation injuries and other experiences. I acknowledge that a copy of this statement shall serve as an original to all receivers hereof as a valid release of any and all information requested hereby.

**Please Sign Here:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**INTERNAL USE ONLY**

Arrange Interview: Yes No Date: \_\_\_\_\_ Time: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Position Interviewed For: \_\_\_\_\_

Arrange pre-employment screening: Yes No Hired: Yes No Starting Date: \_\_\_\_\_

Hired By: \_\_\_\_\_ Starting Pay: \_\_\_\_\_

Date: \_\_\_\_\_