



Employment Application

Personal Information

Date: _____

Last Name First Name Middle Int.

Address City State Zip Code

Phone Numbers (Main and alternate number)

Position Applying For: (Polisher, Line Operator, Other) _____

Will you work: 1st 2nd 3rd Any Desired Pay _____
(Please Circle)

Do you have a Drivers License (Yes or No) _____
If No, Please describe transportation used for employment _____

Education/Training:

School Name/Location	Grades Completed	Diploma/GED

Please list your experience in the following areas: (check all that apply)

- | | | | |
|---|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Hand Buffing | <input type="checkbox"/> Inspecting | <input type="checkbox"/> Line Work | <input type="checkbox"/> Computer Skills |
| <input type="checkbox"/> Machine Set-up | <input type="checkbox"/> Polishing | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Shipping/Rec. |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Supervision | <input type="checkbox"/> Material Handling |

Please list any special training/skills: _____

Have you ever worked at Blough, Inc. before? (As a temp or full time) _____

Give Dates and temp agency if worked as a temp _____

Employment History

Name, Address, Phone	Position	Dates	Pay Rate	Reason for Leaving

May we contact the employers listed above? _____

Are you available to work full-time(40hrs+ per wk), Part-time(20-30 hrs per wk)? _____

Date available to begin work _____

Are you eligible for employment in the United States? _____

Have you been convicted of a felony within the last five years? _____

If yes, please explain: _____

Have you ever lost time away from work or had work restrictions due to an injury? _____

If yes, please explain: _____

How did you hear of Blough, Inc.? _____

NOTICE TO APPLICANT: We are an equal opportunity employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, physical or mental disability or any other characteristic protected by law.

Your signature below certifies that the facts contained in this application are true and complete to the best of your knowledge. If employed, any falsified statement on this application will be grounds for immediate dismissal.

Signature of Applicant: _____ Date: _____

OFFICE USE ONLY: DO NOT WRITE BELOW HERE

Interviewed _____
Start Date _____

Position Hired for _____
Start Wage _____