

APPLICATION FOR EMPLOYMENT

Schimberg Co. is an equal opportunity employer and does not discriminate on the basis of race, religion, color, national origin, age, sexual orientation, gender, disability, citizenship status or any other legally protected status.



SCHIMBERG CO.

PERSONAL DATA			
Position(s) Applied For:		Date	Email Address
Last Name	First	Middle	Telephone Number
Address		City	State Zip Code
1) Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____		Employment Preference: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary/Summer Help Dates Available: ____/____/____ to ____/____/____	
2) Have you ever been employed by Schimberg Co.?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3) Are you 18 years of age or older?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4) Are you currently employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5) Are you currently on "layoff" status or subject to recall?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6) Are you legally eligible for employment in the United States?		<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>	
How did you learn about Schimberg Co.? (Mark all that apply)		Date Available for Employment	
<input type="checkbox"/> Schimberg Co. Employee <input type="checkbox"/> Relative Name _____		Desired Salary Range	
<input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper or Online Advertisement <input type="checkbox"/> Walk-In Name _____		<input type="checkbox"/> Other _____	
		Do any of your friends or relatives, other than your spouse, work here? (List names)	

EDUCATION				
Educational Institution	Name & Location Of Educational Institution	Years Completed	Course of Study	Degree/Diploma Obtained
High School				
College/ University				
Business/ Technical School				
Other				

Describe any job-related specialized training, apprenticeship, skills and extra-curricular activities.

MILITARY HISTORY		
Describe duties and any training received		
Rank/Type of Service	Period of Active Duty (Month/Year) From To	Branch of Service

EMPLOYMENT HISTORY		Please give complete, accurate full-time and part-time employment record. Begin with your present or most recent employer. Simply attaching a resume will not be sufficient.	
1. Employer Name		Starting Date	Ending Date
Address		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Position(s) Held:			
Describe the Responsibilities of Your Position			
Name and Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
Reason(s) for Leaving			
2. Employer Name		Starting Date	Ending Date
Address		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Position(s) Held:			
Describe the Responsibilities of Your Position			
Name and Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
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Reason(s) for Leaving			
4. Employer Name		Starting Date	Ending Date
Address		Starting Hourly Rate/Salary	Ending Hourly Rate/Salary
Position(s) Held:			
Describe the Responsibilities of Your Position			
Name and Title of Immediate Supervisor		May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone ()
Reason(s) for Leaving			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS							
Computer Skills (Check all that apply)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">PC/MAC _____</td> <td style="width: 30%;">Word Processing _____</td> <td style="width: 40%;">Other (please explain): _____</td> </tr> <tr> <td>Spreadsheet _____</td> <td></td> <td>_____</td> </tr> </table>	PC/MAC _____	Word Processing _____	Other (please explain): _____	Spreadsheet _____		_____
PC/MAC _____	Word Processing _____	Other (please explain): _____					
Spreadsheet _____		_____					
Production/Machinery (Check all that apply)	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Forklift Experience _____</td> <td style="width: 30%;">Welding _____</td> <td style="width: 40%;">Other (please explain): _____</td> </tr> <tr> <td>Class "A" CDL _____</td> <td>Class "B" CDL _____</td> <td>_____</td> </tr> </table>	Forklift Experience _____	Welding _____	Other (please explain): _____	Class "A" CDL _____	Class "B" CDL _____	_____
Forklift Experience _____	Welding _____	Other (please explain): _____					
Class "A" CDL _____	Class "B" CDL _____	_____					

List any additional skills, affiliations, qualifications or other specialized training that will help us in considering your application.

REFERENCES		Please list three professional/working references. (Do not include relatives)		
Name	Relationship (i.e. Boss, Co-Worker, Friend)	Contact Number	Occupation	Years Known

Schimberg Co. Applicant Statement

PLEASE READ CAREFULLY, SIGN AND DATE:

I voluntarily authorize Schimberg Co. to make investigations of my person, employment, and other related matters as may be necessary in employment decision or to verify information given on this application or during interviews. I hereby release the Company, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. If I am offered employment, I understand the offer is contingent on the outcome of any investigations or reference check satisfactory to Schimberg Co.

In accordance with Schimberg Co. policy to maintain a drug-free workplace, employees may be subject to drug testing throughout their employment in accordance with the law. I hereby agree to drug testing as required by Schimberg Co. policy and release Schimberg Co. from all liability arising from such testing.

I understand that my employment is contingent on my successful compliance with all employment eligibility verification requirements of the Immigration Reform and Control Act of 1986.

If I am employed, I understand that my employment is "at will" and for no definite period of time. Either Schimberg Co. or I may terminate my employment at any time, with or without cause and with or without notice. I further understand that my employment is at will regardless of any statement made by a Schimberg Co. agent or employee or in a Schimberg Co. policy, practice, handbook, program, or any other written or oral materials. I understand that no representatives of Schimberg Co. other than an Officer of Schimberg Co. has the authority to make arrangements with me concerning the length of my employment. Such agreements must be in writing and signed by an Officer of Schimberg Co.

I understand this application will be active for a period of 3 months; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

SIGNATURE OF APPLICANT _____ DATE _____

Schimberg Co. afford equal opportunity in employment to all qualified persons regardless of race, color, religion, sex, age, national origin, sexual preference, disability, veteran status, or any other factors prohibited by law. Discrimination in employment practices is prohibited by federal and state laws.