



ADVANCED METAL ETCHING, INC.

Employment Application

APPLICANT INFORMATION										
Last Name					First			M.I.	Date	
Street Address							Apartment/Unit #			
City					State			ZIP		
Phone					E-mail Address					
Date Available				Last 4 digits of SSN:	XXX-XX-_____	Most recent rate of pay:				
Position Applying for										
Can you verify identity and eligibility to work in the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Can you complete the required employment eligibility verification form (I-9) upon hire?				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?							
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain							
EDUCATION										
High School					City & State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
College					City & State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
Other					City & State					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree			
REFERENCES										
<i>Please list three professional references.</i>										
Full Name					Relationship					
Company, City & State							Phone			
Full Name					Relationship					
Company, City & State							Phone			
Full Name					Relationship					
Company, City & State							Phone			

PREVIOUS EMPLOYMENT				
Company		Phone		
Address		Supervisor		
Job Title	Starting Rate of Pay	\$	Ending Rate of Pay	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone		
Address		Supervisor		
Job Title	Starting Rate of Pay	\$	Ending Rate of Pay	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				
Company		Phone		
Address		Supervisor		
Job Title	Starting Rate of Pay	\$	Ending Rate of Pay	\$
Responsibilities				
From	To	Reason for Leaving		
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>				

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date

***Sign with Electronic Signature OR Save, Print, Sign and Scan. All completed applications can be emailed to: hrpayroll@metaletching.com (or hard copies can be mailed to: HR Depart., 801 Gerber Street, Ligonier, IN. 46767)**