

**CLARKSVILLE FOUNDRY INC.
APPLICATION FOR EMPLOYMENT**

DATE _____

Position(s) Applied for _____ Full Time

Part Time
 Shift Work

Name _____
Last First Middle

Address _____
Number Street City State Zip

Phone(_____) Social Security Number _____

Drivers License Number _____

Have you ever filled an application here before? Yes No

Have you ever been employed here before? Yes No

Are you a United States Citizen? Yes No

If not, do you possess an alien registration card? Yes No

Alien Registration Number _____

Are you on lay-off and subject to recall? Yes No

List any friends or relatives that work here: _____

Have you been convicted of a crime within the last 7 years? (An affirmative answer to this question does not constitute an automatic bar for employment) Yes No

Explain _____

Are you a veteran of U.S. Military Service? Yes No
Branch of Service _____

What Foreign languages do you speak, read, and/or write? _____

EDUCATION

HIGH SCHOOL

Name _____ Years Completed 1 2 3 4 (circle)
Address _____ Diploma? Yes No

COLLEGE

Name _____ Years Completed 1 2 3 4 (circle)
Address _____ Diploma? Yes No

GRADUATE SCHOOL

Name _____ Years Completed 1 2 3 4 (circle)
Address _____ Diploma? Yes No

TECHNICAL OR SPECIAL TRAINING

Describe: _____

EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME AND PART-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

COMPANY	TELEPHONE ()
CITY, STATE	EMPLOYED - (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIPTION OF WORK	REASON FOR LEAVING
COMPANY	TELEPHONE ()
CITY, STATE	EMPLOYED - (STATE MONTH & YEAR) FROM TO
NAME OF SUPERVISOR	WEEKLY PAY START LAST
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NAME OF SUPERVISOR	WEEKLY PAY START LAST
STATE JOB TITLE & DESCRIPTION OF WORK	

PLEASE READ AND SIGN STATEMENTS BELOW

I, understand that, if hired, I will be placed on a 90-day probationary period, I further understand that if I am terminated for unsatisfactory work performance within the 90-day probationary period, the employer may seek to contest any unemployment benefit I might attempt to obtain as a result of my termination. _____
(initials)

I, understand and agree to all policies, procedures, and the Employee Handbook may be modified, amended or deleted by the Company with or without notice to me of such amendment, modification or deletion; that the policies and procedures are not intended to be a contract of employment nor do they give me any right of continued employment; and that my employment may be terminated at my option or at the option of This Company with or without cause and with or without notice by either party. I also understand that there are no other arrangements, agreements, or understandings regarding the terms of employment. There may be no amendments or exceptions to this statement unless they are in writing. _____(initials)

I certify that all information given on this employment application; any resume that I submit to the company; and any related employment papers and answers given during oral interviews are true and correct. I understand that This Company will make a thorough investigation of my work and personal history. I authorize the giving and receiving of any such information requested by the company during the course of such an investigation. I understand that falsification of any information given by others during the course of an investigation or any derogatory information discovered as a result of this investigation may subject me to immediate dismissal. I hereby release from liability all persons who provide information to my employer during the course of any such investigation. _____(initials)

DATE _____ SIGNATURE _____

IT IS THE POLICY OF CLARKSVILLE FOUNDRY TO ASSURE A SAFE AND EFFICIENT WORK ENVIRONMENT. THEREFORE THE FOLLOWING SUBSTANCE DETECTION POLICY WILL BE STRICTLY ADHERED TO:

- ◆ **SUSPECTED IMPAIRMENT:** WHEN THERE IS REASONABLE EVIDENCE TO SUSPECT ANY EMPLOYEE HAS REPORTED TO WORK OR IS WORKING IMPAIRED THEY WILL BE SUBJECT TO SUBSTANCE SCREENING.
- ◆ **POST ACCIDENT/INCIDENT:** ANY EMPLOYEE INVOLVED IN EITHER A JOB-RELATED ACCIDENT OR INCIDENT INVOLVING THE APPARENT VIOLATION OF ANY SAFETY RULE OR STANDARD WHICH DID OR COULD HAVE RESULTED IN SERIOUS INJURY OR PROPERTY DAMAGE WILL BE SUBJECT TO SUBSTANCE SCREENING.
- ◆ **SUBSTANCE SCREENING RESULTING IN FAILURE OF DRUG TESTING OR BLOOD ALCOHOL LEVEL OF 0.05 OR MORE WILL RESULT IN DISCIPLINARY ACTION UP TO AND INCLUDING TERMINATION OF EMPLOYMENT.**

EMPLOYMENT ACKNOWLEDGMENT, RELEASE AND CONSENT

I, _____ VOLUNTARILY HEREBY AUTHORIZE BLOOD AND URINE TESTING FOR ALCOHOL AND/OR DRUG USE AND AGREE TO ALLOW SUCH SAMPLES AND TESTING TO BE COMPLETED AT A TIME TO BE CHOSEN BY MY EMPLOYER AND I AUTHORIZE THE RELEASE OF THE TEST RESULTS TO MY EMPLOYER AND THE INSURANCE CARRIER.

CLARKSVILLE FOUNDRY, INC.
(NAME OF COMPANY)

(SIGNATURE OF EMPLOYEE/APPLICANT) DATE _____

(WITNESSED BY) DATE _____

THE COMPENSATION LAW SAYS THAT IF THERE IS A PROVEN CASUAL RELATIONSHIP BETWEEN AN OCCUPATIONAL INJURY AND ILLEGAL SUBSTANCE ABUSE OR ALCOHOL DRUNKENNESS, THAT THE WORKER'S RIGHTS TO COMPENSATION AND MEDICAL BENEFITS CAN BE DENIED.

Background Check Authorization

☞ Complete all items on this page unless otherwise directed.

M ☞ The following information is required by law enforcement agencies and other entities for identification purposes when checking records. It is confidential and will not be used for any other purpose. Please provide addresses covering at least the last seven years.

Print Full Legal Name _____ Male Female

Print Other Names You Have Used _____

SSN: _____ - _____ - _____ Drivers License # _____ Issuing State _____

Birthdate (mm/dd/yyyy) _____ / _____ / _____ Place of Birth (City and State) _____

Current Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

Previous Address _____ City _____ State _____ Zip _____

County _____ How Long at This Address _____

I authorize the Company and/or its agents to request a consumer report, or investigative consumer report, about me for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee. I understand that background reports will be requested on me including: credit reports, criminal convictions, employment history, education, professional references, personal references, civil court filings, driving records, and insurance records. These reports will include information as to my character, general reputation, personal characteristics, mode of living, work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies which maintain records concerning my past activities.

I release the Company and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all ability claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party whether such information is favorable or unfavorable to me.

I understand that I have the right to make a written inquiry within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation.

This Background Check Authorization is inapplicable and superseded only to the extent it conflicts with any union and/or collective bargaining agreement for which you are covered.

X

SIGNATURE OF APPLICANT

DATE

☞ This section to be completed by management and determines which background checks will be conducted. Allow five business days for processing.

N Company Name _____ Client Number -

Position _____

Criminal Background Check: All New Hires.

Driving Record Check: Will the employee drive company vehicles of any kind, or drive their personal vehicle during work hours or on company errands? yes no

Credit Record Check: Will the employee have access to company funds or financial records, be able to make purchases using company credit, or have managerial decision-making authority? yes no

Authorized Signature

Print Name

DO NOT WRITE BELOW THIS LINE

SSN _____ DMV _____ Criminal _____ Credit _____