MID-AMERICA PRECISION PRODUCTS, LLC

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-6

			DATE	
Name	First	W.I.V.	Maiden	
		Middle	Maiden	
Present address	Numbor	Street	City State Zip	
			•	
How long		Soci	al Security No	=
Telephone - Day ()		Telephone -	- Evening()	
Are you at least 18 year	ars of age? Yes/No _	E-mail Add	ress:	
Position applied for (Be specific) and salary desired (Be specific)			Are you authorized to work Yes No Are you willing to work any including evenings, weekend Yes No	scheduled shift,
Employment desired:	FULL-TIME	ONLY PART-TIME	ONLY FULL OR PA	RT-TIME
When would you be a	vailable to begin em	ployment if selected?		
Walk-in or Referred	bv:			
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
1 Diessional School				
				l
HAVE YOU EVER B	EEN CONVICTED	OF A FELONY CRIME?	No 🗆 Y	Yes
IF YES, EXPLA	IN: 1. Number	of felony conviction(s): _		
2. Nature of offense(s)	leading to conviction	on(s):		
	offense(s) was/were	committed:		
3. How recently such of				

Driver's license number	DO YOU H	IAVE A DRI	VER'S I	LICENSE	E? (may be requi	red for sor	ne positions)	☐ Yes	s 🗖 No	
Expiration date OFFICE POSITIONS ONLY Yes					_ State of issue		☐ Operator	☐ Com	nmercial (CDL)	
OFFICE POSITIONS ONLY Yes	□Chauffeu	r								
Typing	Expiration	date								
Typing					OFFICE POS	ITIONS O	NLY			
Please list two references (no relatives or previous employers). Name		□ No			10-key	□ No	Proce	ssing	□ No	
Please list two references (no relatives or previous employers). Name						Other _ Skills				
Name	Planca list t	wo reference	s (no rol	atives or	nravious amplov					
Position Position										
Company										
Address Address Telephone ()										
Telephone (-	•			
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES?	Address _					Address				
Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying. MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES?	Telephone	()				Telepho	ne ()			
HAVE YOU EVER BEEN IN THE ARMED FORCES? ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? Yes □ No	Use the spa	ce below to s	ummari	ze any ad	ditional informat	tion necess	ary to describ	e your f	ull qualifications	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?					MILI	ΓARY				
						_		s 🗖 No		
	Specialty _						— 10.			

WORK EXPERIENCE

Please list your work experience for the past ten years $\underline{\text{beginning with your MOST RECENT job held}}$. If you were self-employed, give firm name. Attach additional sheets if necessary.

Name of Employer:	Name of last	Employment Dates -
Address:	supervisor	From:
City/State/Zip:		То:
Phone number:	May we contact?	Pay or Salary -
Your last job title:	YES or NO	Start: Final:
Reason for leaving (Be specific)		l'inai.
List the jobs you held, duties performed, skills used or lear	ned, advancements (or promotions at this company.
Name of Employer:	Name of last	Employment Dates -
Address:	supervisor	From:
City/State/Zip:		To:
Phone number:	May we contact?	Pay or Salary -
Your last job title:	YES or NO	Start:
Decree for Leading (Decree is		Final:
Reason for leaving (Be specific)		
List the jobs you held, duties performed, skills used or lear	ned, advancements	or promotions at this company.
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Address:	supervisor	From:
City/State/Zip:		To:
	Mary rue conto et?	
Phone number:	May we contact?	Pay / salary -
Your last job title:	YES or NO	Start: Final:
Reason for leaving (Be specific)	<u> </u>	Tinai.
List the inha you held duties woufarmed shills used on lear		
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Name of Employer: Address: City/State/Zip: Phone number:	Name of last supervisor May we contact? YES or NO	Employment Dates - From: To: Pay or Salary - Start:
Your last job title:		Final:
Reason for leaving (Be specific)		
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Name of Employer: Address: City/State/Zip:	Name of last supervisor	Employment Dates - From:
		To:
Phone number:	May we contact?	Pay or Salary -
Your last job title:	YES or NO	Start: Final:
Reason for leaving (Be specific)		
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Phone number:	May we contact?	Pay or Salary -
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Name of Employer: Address:	Name of last supervisor	Employment Dates -
City/State/Zip:	super visor	From:
City/Suite/21p.		То:
Phone number:	May we contact?	Pay or Salary -
Your last job title:	YES or NO	Start:
·		Final:
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Address:	supervisor	From:
City/State/Zip:		То:
Phone number:	May we contact?	Pay or Salary -
Your last job title:	YES or NO	Start:
Tour last job true.		Final:
Reason for leaving (Be specific)		
List the jobs you held, duties performed, skills used or lear	rned, advancements	or promotions at this company.

APPLICANT ACKNOWLEDGMENT OF TERMS AND CONDITIONS OF APPLICATION

IT IS VERY IMPORTANT THAT YOU READ THIS SECTION CAREFULLY, AND THAT YOU FULLY UNDERSTAND IT BEFORE YOU SIGN IT. THIS SECTION AFFECTS YOUR LEGAL RIGHTS. IF YOU HAVE ANY QUESTIONS, PLEASE ASK A MID-AMERICA PRECISION PRODUCTS REPRESENTATIVE BEFORE YOU SIGN THIS APPLICATION.

In exchange for Mid-America Precision Products' consideration of this employment application:

- 1. I assure that all information I have supplied in this application and any other form, oral or written, is true and accurate, and I agree that any misstated, misleading, incomplete, or false information is grounds for rejection of this application form, refusal to hire, withdrawal of an offer of employment, or immediate discharge without recourse, whenever and however discovered. I make this assurance because I understand that you will rely on my statements to you in making your decision whether to hire me.
- 2. I understand and agree that Mid-America Precision Products, any agent acting on their behalf, as well as any other person responding to a reference request pursuant to this application, can and will seek and/or disclose any and all information about me which said corporation, agent, or person may have. I specifically authorize said disclosure and agree to hold all such corporations, agents, or persons harmless for same. That is, I will not file a lawsuit, claim, or charge against them for such disclosure. Nor will I threaten same or otherwise seek any kind of compensation for such disclosure.
- 3. I understand and agree with the fact that Mid-America Precision Products maintains a drug-free workplace, that maintenance of same is essential to the safety of the workplace and employees, and that I may be required to undergo a post-offer medical examination, designed to ascertain my suitability for employment and/or the job(s) for which I am being considered. I also understand and agree that I will be subject to such testing during the course of my employment, and I specifically agree not to oppose in any fashion such pre-hire or post-hire testing. I understand that, subject to applicable law, Mid-America Precision Products shall be the sole judge of the acceptability of any test results. I also acknowledge that I have been advised that Mid-America Precision Products is an Equal Opportunity Employer, that Mid-America Precision Products does not discriminate against persons who are physically or mentally handicapped, and that Mid-America Precision Products administers its employment policies in a nondiscriminatory manner.

The following four provisions are to be read out loud by the applicant in the presence of the witness who is countersigning this application below:

time, with or without notice, f Mid-America Precision Produ	or any reason acts client, has Precision Pro	, good or bad, without recourses authority to alter any of the te	e by either of us. I al	so understand that no one at Mid-	nate this employment relationship at any -America Precision Products, or any ca Precision Products' employment neans exactly what it says:
and my credit record, where a	pplicable to the redit record is	he position for which I am appl nvestigation is performed, and	lying and consistent	with applicable law. I understand	uilable criminal and other judicial records, I that Mid-America Precision Products recision Products to use all legal means at
efforts to accommodate work	schedules and	1 ,	be required to work		recision Products will make reasonable ifts, or other arrangements. I consent to
7. I have read and understood	everything or	n this application.			
Applicant Printed Name	Date	Applicant Signature	Date		

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications. Thank you for completing this application form and for your interest in our business.

	TO BE COMPLETED BY EMPLOYER	8
Date of employment	Job title	Dept
Location	Rate of pay	
Drug test confirmation number		
Name of person verifying information		
Name of person authorizing contract/empl	loyment	

APPLICANT INFORMATION FORM

Mid-America Precision Products Products, LLC, is an Equal Opportunity/Affirmative Action Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Plan.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

DATE:
for:
MaleFemale
Hispanic or LatinoBlack or African American (not Hispanic or Latino)
White (not Hispanic or Latino)Native Hawaiian or Pacific Islander (not Hispanic or Latino)
Asian (not Hispanic or Latino)American Indian or Alaskan Native (not Hispanic or Latino)
Two or More Races (not Hispanic or Latino)
VIDUAL:YesNo
TUS: NoneVietnam Era VeteranSpecial Disabled Veteran
ted VeteranRecently Separated VeteranArmed Forces Service Medal Veteran
sh to Self-Identify
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