

# Application for Employment

Instructions: It is the policy of the company to provide equal opportunity with regard to all terms and conditions of employment. The company complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

## AMG Industries Acquisition, LLC

200 Commerce Drive  
Mt. Vernon, OH 55448  
Phone: (740)397-4044  
Fax: (740) 397-3092

Name \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

Position applied for \_\_\_\_\_

Shift Preferred 1  2  3  Any

Expected Pay \_\_\_\_\_

Would you accept full-time work? Yes  No

Would you accept part-time work? Yes  No

On what date would you be available for work? \_\_\_\_\_

Have you ever been employed here before? Yes  No  Dates \_\_\_\_\_

### Special Training or skills:

Language, machine operation, etc. that would be of benefit to the job for which you are applying

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you legally eligible for employment in the United States? Yes  No

If yes, proof is required.

### For Office Use Only

Applicant # \_\_\_\_\_

Employee # \_\_\_\_\_

Hire Date \_\_\_\_\_

Position \_\_\_\_\_

Rate \_\_\_\_\_

Class \_\_\_\_\_

Skill \_\_\_\_\_

Other \_\_\_\_\_

Notes:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Attachments
- Resume
- Applicant Reference Check
- Applicant Interview
- Payroll Change Notice
- Employee Data Card

# Employment Experience

Place an X by the employer you *do not* want us to contact. List your most recent employer first.

1. Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

2. Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

3. Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

4. Employer \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_\_) \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Dates Employed: from (mm/yy) \_\_\_\_\_ to (mm/yy) \_\_\_\_\_ Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_

Work Performed \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

# Educational Background

## High School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
Course of Study \_\_\_\_\_ Did you Graduate Yes  No  Degree or diploma \_\_\_\_\_

## College:

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
Course of Study \_\_\_\_\_ Did you Graduate Yes  No  Degree or diploma \_\_\_\_\_

## Graduate School:

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
Course of Study \_\_\_\_\_ Did you Graduate Yes  No  Degree or diploma \_\_\_\_\_

## Vocational Training -- Other:

Name of School \_\_\_\_\_ Location \_\_\_\_\_  
Course of Study \_\_\_\_\_ Did you Graduate Yes  No  Degree or diploma \_\_\_\_\_

## Continuing Education:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE OR MISLEADING INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED, AND IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I UNDERSTAND THAT THESE RULES AND OR THE EMPLOYE HANDBOOK DO NOT FORM A CONTRACT OF EMPLOYMENT EITHER EXPRESSED OR IMPLIED, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_