

APPLICATION FOR EMPLOYMENT

DATA (Please Print)

LAST NAME	FIRST	MI	SOCIAL SECURITY NUMBER	PHONE# ()
PRESENT ADDRESS ZIP	STREET	CITY	STATE	
WHEN COULD YOU START EMPLOYMENT?	ARE YOU SUBJECT TO ANY AGREEMENTS RELATING TO YOUR PRESENT OR ANY FORMER EMPLOYER(S)? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, ATTACH COPY)		IF YOU ARE NOT A U.S. CITIZEN DO YOU HAVE THE LAWFUL RIGHT TO WORK IN THE U.S. <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN EMPLOYED BY ARNOLD MAGNETICS CORP? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES) IN WHAT POSITION?		DATES OF EMPLOYMENT FROM _____ TO _____		
INDICATE TYPE OF EMPLOYMENT DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		INDICATE SHIFT WHEN APPLICABLE 1ST 2ND 3RD ROTATING NO PREF		DESIRED SALARY <input type="checkbox"/> ANNUAL <input type="checkbox"/> WEEEKLY
EDUCATION AND SKILLS				
SCHOOL NAME & CITY, STATE GRADUATE/PROFESSIONAL		HIGH SCHOOL	COLLEGE/UNIVERSITY	
YEARS COMPLETED (CIRCLE) 4	8 9 10 11 12	1 2 3 4	1 2 3	
DIPLOMA/DEGREE DESCRIBE COURSE OF STUDY				
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, EQUIPMENT AND EXTRA CURRICULAR ACTIVITIES			HONORS RECEIVED	
SPECIALIZED LICENSES OR CERTIFICATED SKILLS, USE OF COMPUTERS, WORD PROCESSING AND/OR OTHER OFFICE EQUIP.		TYPING SPEED	SHORTHAND SPEED	DATA ENTRY KEYSTROKES
DO YOU HAVE A VALID DRIVERS LICENSE WITH 3 OR LESS POINTS? (ANSWER ONLY IF OPERATING A MOTOR VEHICLE IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING) <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO A CONVICTION WIL NOT NECESSARILY DISQUALIFY THE APPLICANT FROM THE JOB APPLIED FOR.		
REFERENCES LIST BELOW THE NAME OF THREE WORK REFERENCES WITH WHOM YOU HAVE WORKED AT LEAST ONE YEAR				
NAME	ADDRESS			PHONE
NAME	ADDRESS			PHONE
NAME	ADDRESS			PHONE

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS,
AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS**

Government contractors are subject to 38 USC 2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973 as amended which requires government contractors to take affirmative action to employ and advance to employment qualified handicapped individuals.

If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified please indicate so in the appropriate check box:

- Handicapped Individual
- Disabled Veteran
- Vietnam Era Veteran

Thank you for applying for a position with Arnold Magnetics. Your application will receive careful consideration. To help us in doing this, please complete all the questions where applicable on the previous page. If you have a resume, please feel free to add it to this application.

Arnold Magnetics is an equal opportunity employer. All applications will be considered without regard to race color, sex, marital status, creed, national origin, age, veteran status, physical or mental handicap or disability.

Arnold Magnetics, as required by various states' Worker and Community Right to Know Acts, has established a central file with information on hazard substances found in the workplace. Should you receive an offer of employment from Arnold Magnetics to work in a state with such an Act, you may obtain more information regarding any such hazardous substances in the workplace by contacting the Human Resources Department.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission is cause for dismissal.

SIGNATURE

DATE

AN EQUAL OPPORTUNITY EMPLOYER