APPLICATION FOR EMPLOYMENT

APPLIED TECHNOLOGY MANUFACTURING CORPORATION, POB 189 OWEGO, NY 13827 (607) 687-2200

DATE: _____

LAST NAME_____ FIRST_____ M.I. _____ PHONE_____

STREET ADDRESS:_____ CITY, STATE, ZIP_____

SOCIAL SECURITY NUMBER: _____ ARE YOU 18 YRS OLD OR OLDER? _____

ARE YOU A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN U.S.? YES / NO HOW LONG AT PRESENT ADDRESS? _____

PREVIOUS ADDRESS: :_____ CITY, STATE, ZIP_____

DO YOU POSSESS A DRIVERS' LICENSE? _____ FROM WHAT STATE? _____

HAVE YOU HAD ANY ACCIDENTS IN THE PAST 3 YEARS? YES / NO IF YES, HOW MANY? _____

HAVE YOU HAD ANY MOVING VIOLATIONS IN THE PAST 3 YEARS? YES / NO IF YES, HOW MANY? _____

HAVE YOU, SINCE THE AGE OF 18, BEEN CONVICTED OF A CRIME? IF YES, EXPLAIN* _____

_____

ARE YOU PRESENTLY EMPLOYED? YES / NO IF YES, WHERE? _____

HAVE YOU EVER WORKED AT APPLIED TECHNOLOGY MFG. BEFORE? _____

DO YOU KNOW ANYONE WHO HAS WORKED, OR IS WORKING HERE NOW? _____

SHIFT PREFERENCE_____ FULL / PART TIME _____ WHAT POSITION(S) ARE YOU APPLYING FOR? _____

DO YOU HAVE ANY PHYSICAL LIMITATIONS WHICH MAY PREVENT YOU FROM DOING THE JOB YOU ARE APPLYING FOR? YES / NO

IF YES, EXPLAIN: _____

_____

HAVE YOU HAD ANY RECENT OR PAST ILLNESS, OPERATION OR INJURY WHICH MAY HINDER YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU HAVE APPLIED? YES / NO IF YES, EXPLAIN _____

ARE YOU WILLING TO TAKE A PHYSICAL EXAMINATION AND DRUG TEST AT OUR EXPENSE? _____

DATE YOU CAN START: _____

MILITARY DUTY:

HAVE YOU EVER SERVED IN THE U.S. MILITARY? _____ IF YES, WHAT BRANCH? _____ DATES OF DUTY: _____

RANK AT DISCHARGE: _____ DID YOU RECEIVE A DISHONARABLE DISCHARGE? _____

WORK HISTORY:

FROM	TO	COMPANY	POSITION	REASON FOR LEAVING

ANY OF THE ABOVE EMPLOYERS YOU WOULD PREFER WE DID NOT CALL? WHICH, WHY NOT? _____

EDUCATIONAL RECORD:

SCHOOL	NAME	LAST YEAR COMPLETED	DIPLOMA/DEGREE
Elementary			
High School			
College			
Other			

REFERENCES:

LIST 3 PERSONS, NOT RELATED TO YOU, YOU HAVE KNOWN FOR 1 YEAR OR MORE:

NAME	ADDRESS	PHONE	OCCUPATION	HOW LONG KNOWN

WHERE DID YOU LEARN OF APPLIED TECHNOLOGY MFG.? _____

OPTIONAL:

LIST 3 WORDS THAT BEST DESCRIBE YOURSELF: _____/_____/_____

WHAT ARE YOUR GENERAL INTERESTS AND GOALS? _____

_____

ADDITIONAL COMMENTS OR QUESTIONS: _____

_____

*You will not be denied employment because of a conviction record unless the offense relates to the job you have applied for.

I HEREBY CERTIFY that each of my answers to the above questions is true and correct. I understand that giving false information, either by omission or commission herein may subject me to immediate dismissal. I also certify that Applied Technology Mfg. Corp. has my permission to review my credit history. I understand that this application is not a contract and does not imply employment rights. If employed, I agree to abide by the rules of Applied Technology Mfg. Corp. and conduct myself in a manner which will promote the safety of myself and my co-workers. I also understand that my employment is for no definite period, and may be terminated at any time, with or without cause or previous notice.

_____ _____

APPLICANT'S SIGNATURE DATE

Applied Technology Mfg. Corp. is an equal opportunity employer and in compliance with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or the presence of a non-job-related medical condition or handicap.