



F-HR-11

GEM MANUFACTURING, INC. APPLICATION FOR EMPLOYMENT

****PRE-EMPLOYMENT DRUG**

Date of Application: _____

SCREENING IS REQUIRED

Position(s) Applied For: _____

1st Shift (5:30AM-3:30PM) _____ 2nd Shift (3:30 PM-2 AM) _____

Weekend 1st (5am-5pm) _____ Weekend 2nd (5pm-5am) _____

Gem Manufacturing, Inc. Is an Equal Opportunity Employer. Policy prohibits discrimination on the basis of race, color, religion, ethnicity, national origin, age, sexual orientation, and veteran handicapped status. No question is asked for the purpose of limiting or excluding consideration or revealing such status.

Name: _____
Last, First, Middle

Address: _____
Number & Street, City State Zip Code

Email: _____ Date of Birth: ____/____/____

Primary Phone Number: ()	Secondary Phone number: ()	Do you have reliable transportation to Kenosha?	How did you hear about GEM?	Date available to start:
Are you legally permitted to work in the U.S.? (Proof required upon hire) ___ YES ___ NO	Can you read drawings & blueprints? ___ YES ___ NO	Best time of day to call?	Rate desired:	

CNC Set Up or Operator Only:

Operation	SET UP Yes or No	Number of Years	Operator Yes or No	Number of Years	Operation	SET UP Yes or No	Number of Years	Operator Yes or No	Number of Years
Horizontal Milling					Robot Experience				
Turning Live Tooling					Mazak (Mazatrol)				
Bar Feeder					Makino (Fanuc)				
Twin Spindle / Twin Turret									

EDUCATION:

Highest Level of Education Attained: _____ List complete names and addresses of schools attended.	# Of Years	No. of Credits	Did You Graduate?	GPA	Major	Minor
High School:						
Technical School:						
College or University:						
Other School:						



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If there is not enough room, please ask for additional sheets.

LIST MOST RECENT position FIRST

Company Name:	Address:	Phone: ()	
Position(s) Held:	Dates Employed: From: To:	Reason for Leaving	
Nature of Duties:			
Company Name: EMPLOYMENT: Please account for all periods of employment and unemployment in the last ten years (except dates attended school listed on the first page.)	Address:	Phone: ()	
Position(s) Held:	Dates Employed: From: To:	Reason for Leaving	
Nature of Duties:			
Company Name:	Address:	Phone: ()	
Position(s) Held:	Dates Employed: From: To:	Reason for Leaving	
Nature of Duties:			

PERSONAL REFERENCES: Do not include former employers listed above or a relative. List individuals who can verify periods of Self-employment and unemployment and/or provide information as to your suitability for this employment.

NAME	ADDRESS	TELEPHONE	RELATION	YRS ACQUAINTED

MAY WE CONTACT CURRENT EMPLOYER AT THIS TIME FOR A REFERENCE? YES NO

Military Service YES NO If yes, list work experience you gained there:

Please read the following statements carefully before you sign your name.
 I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact REFERENCES, past employers, persons, schools, law enforcement agencies and any such reference source of information which may be relevant to my application for employment. I hereby release any such reference source from all liability for any damage for providing this information. It is understood and agreed that any misrepresentation, false statement omissions by me in this application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, with out liability to Gem Manufacturing, Inc. *I have read, understand and agree to the above statement.* (Please initial here.) _____

I further understand that no representative of Gem Manufacturing, Inc. has the authority to enter into any agreement for employment for any specified period of time and that Gem Manufacturing, Inc. is not a guarantee of employment for anyone. No employment contract is created by virtue of my being hired at Gm Manufacturing, Inc. *I have read, understand and agree to the above statement.*
 (Please initial here.) _____