



PERSONAL INFORMATION (PLEASE PRINT OR TYPE ALL INFORMATION)

Date: _____

NAME:	LAST	FIRST	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
CURRENT ADDRESS:	STREET AND NUMBER		CITY	STATE ZIP CODE
HOME TELEPHONE:	()		BUSINESS TELEPHONE:	()
HAVE YOU EVER BEEN CONVICTED OF A FELONY WHICH HAS NOT BEEN EXPUNGED OR SEALED BY A COURT? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, set forth the nature and dates of the conviction, and date of release from prison: _____ _____				

* RECORD OF CONVICTION DOES NOT NECESSARILY DISQUALIFY APPLICANT FROM EMPLOYMENT CONSIDERATION

JOB INTEREST

POSITION DESIRED:	SALARY DESIRED:
HOW WERE YOU REFERRED TO CTM? <input type="checkbox"/> Employment Advertisement (Please Name Publication): _____ <input type="checkbox"/> Employment Agency (Please Name Agency): _____ <input type="checkbox"/> Employee Referral (Please Name Employee): _____ <input type="checkbox"/> Other (Please Specify): _____	
HAVE YOU EVER PREVIOUSLY APPLIED FOR EMPLOYMENT AT CTM? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Date(s) _____ CTM Contact: _____	
HAVE YOU EVER BEEN EMPLOYED AT CTM? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES: Date(s) _____ CTM Contact: _____	
ARE YOU ACQUAINTED WITH OR RELATED TO ANY CTM EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES Please Identify: _____	
DATE AVAILABLE:	DAYS / HOURS AVAILABLE:
AVAILABLE TO WORK: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> ALL	

EDUCATION

SCHOOL NAME	CITY AND STATE	MAJOR COURSE OF STUDY	HIGHEST GRADE COMPLETED
HIGH SCHOOL:			
COLLEGE:			
COLLEGE:			
BUSINESS, TECHNICAL, OR TRADE:			
ACTIVITIES, HONORS, OFFICES HELD THAT ARE JOB RELATED:			
DESCRIBE OTHER JOB RELATED TRAINING COMPLETED:			

U.S. MILITARY SERVICE

BRANCH/DUTY LOCATION	MILITARY SPECIALTY	HIGHEST RANK	SERVICE SCHOOLS ATTENDED
SPECIAL HONORS / SPECIAL TRAINING:			

EMPLOYMENT HISTORY *(BEGIN WITH MOST RECENT POSITION)*

EMPLOYER:	DATES EMPLOYED		POSITION:
ADDRESS (STREET / NUMBER):	FROM	TO	RESPONSIBILITIES:
CITY / STATE / ZIP CODE:			
TELEPHONE: ()	ANNUAL SALARY OR HOURLY RATE		
SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING:			MAY WE CONTACT? " YES " NO

EMPLOYER:	DATES EMPLOYED		POSITION:
ADDRESS (STREET / NUMBER):	FROM	TO	RESPONSIBILITIES:
CITY / STATE / ZIP CODE:			
TELEPHONE: ()	ANNUAL SALARY OR HOURLY RATE		
SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING:			MAY WE CONTACT? " YES " NO

EMPLOYER:	DATES EMPLOYED		POSITION:
ADDRESS (STREET / NUMBER):	FROM	TO	RESPONSIBILITIES:
CITY / STATE / ZIP CODE:			
TELEPHONE: ()	ANNUAL SALARY OR HOURLY RATE		
SUPERVISOR:	STARTING	FINAL	
REASON FOR LEAVING:			MAY WE CONTACT? " YES " NO

EMPLOYMENT HISTORY *(continued)*

1. Indicate the number of days absent from work during your last 12 months of employment: _____
2. Indicate the number of latenesses you had during your last 12 months of employment: _____
3. State whether you have ever been terminated or suspended from any previous employment and describe the circumstances: _____

ADDITIONAL DATA

WHAT PROFESSIONAL, JOB RELATED LICENSES DO YOU HOLD?
WHAT PROFESSIONAL, JOB RELATED MEMBERSHIPS DO YOU HOLD?
WITH WHAT COMPUTER HARDWARE / DATA ENTRY DEVICES / OFFICE EQUIPMENT DO YOU HAVE EXPERIENCE?
WITH WHAT GENERAL MACHINE TOOLS / INSPECTION EQUIPMENT DO YOU HAVE EXPERIENCE?
WITH WHAT CNC MACHINE TOOLS / CAD/CAM SOFTWARE DO YOU HAVE EXPERIENCE?

REFERENCES

GIVE NAMES OF THREE PERSONS TO WHOM YOU ARE NOT RELATED AND BY WHOM YOU HAVE NOT BEEN EMPLOYED				
NAME	ADDRESS	TELEPHONE	OCCUPATION	YEARS KNOWN
1.		()		
2.		()		
3.		()		

CONDITIONS FOR EMPLOYMENT

Please read the following statements carefully as they constitute conditions for employment at Custom Tool & Model Corp. (CTM).

1. The information that I have provided on this application is accurate and true to the best of my knowledge.
2. I understand that any misrepresentations or omission of any facts on my application or during the interview process may result in the refusal of employment, or if employed, immediate termination from CTM employment.
3. The persons, schools, current and prior employers (if approved by me in the Employment History section), and other organizations or employers named in this application are authorized by me to verify the information I have provided and to provide CTM with information that may be requested by CTM to arrive at an employment decision. I am willing that a photocopy of this authorization be accepted with the same authority as the original. I hereby waive and release all persons, schools, current and prior employers, and other organizations from any liability arising from reliance on the disclosure of any of the above information whether in writing or orally; and further release CTM from any liability arising from reliance on the aforementioned information or the use, publication, or retention of such information within the context of its applicant review procedures.
4. I agree to protect CTM confidential information, trade secrets, and names or addresses of clients, and will not disclose confidential information to anyone not immediately employed by CTM.
5. Although CTM makes every effort to accommodate individual preferences, business needs may make the following conditions mandatory: Overtime, shift work, a rotating work schedule, or a work schedule that includes Saturday and/or Sunday. I understand and accept these conditions of my employment.
6. In the event that I am employed, I agree to conform to CTM rules and regulations. I understand that my employment is at will, that the terms and conditions of my employment can be changed at CTM's option, and that my employment can be terminated with or without good cause at any time, for any reason, at the option of the company or myself.
7. I understand that CTM will not employ persons who use illegal drugs and/or abuse alcohol or legal drugs, and that the company retains the right to screen from employment such individuals.
8. I will be able, if hired, to certify that I am authorized to work in the United States of America, and understand that in accordance with the Immigration Reform and Control Act that I will be required to provide timely documentation of identity and employment eligibility.

Signature of Applicant _____ *Date:* _____

CTM Thanks you for taking the time to complete our Employment Application.
 This Employment Application will only be valid for 90 days from the date of the application.
 If you wish to be considered for employment subsequent to that date, a new application must be completed.