FOR OFFICE USE ONLY	
Interview Date / Time	*Interviewed By*

Federal Screw Works

FOR OFFICE USE ONLY	
Work Location: _____	*Rate:* _____
Position: _____	*Start Date:* _____

APPLICATION FOR EMPLOYMENT

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. *(Please Print Plainly)*

Applicant Information

Full Name: _____ Date: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Desired Salary: **$** _____

Position Applied for: _____

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References *Please list three professional references*

Full Name: ______________________ Relationship: ______________

Company: ______________________ Phone: ______________

Address: ______________________

Full Name: ______________________ Relationship: ______________

Company: ______________________ Phone: ______________

Address: ______________________

Full Name: ______________________ Relationship: ______________

Company: ______________________ Phone: ______________

Address: ______________________

Previous Employment

Company: ______________________ Phone: ______________

Address: ______________________ Supervisor: ______________

Job Title: ______________ Starting Salary: **$** __________ Ending Salary: **$** __________

Responsibilities: ______________________

From: __________ To: __________ Reason for Leaving: ______________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________ Phone: ______________

Address: ______________________ Supervisor: ______________

Job Title: ______________ Starting Salary: **$** __________ Ending Salary: **$** __________

Responsibilities: ______________________

From: __________ To: __________ Reason for Leaving: ______________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: ______________________ Phone: ______________

Address: ______________________ Supervisor: ______________

Job Title: ______________ Starting Salary: **$** __________ Ending Salary: **$** __________

Responsibilities: ______________________

From: __________ To: __________ Reason for Leaving: ______________

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Continued on Next Page

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Statement of Understanding

The following is a part of the Application for Employment which you are submitting to Federal Screw Works ("FSW"). It sets out certain agreements which you are making with FSW so that FSW will go to the expense of processing your Application and consider employing you.

By your signature below, you will be telling FSW that you completely understand the agreements you are making. If you do not understand them, you should not sign below until you have had them explained to you by someone who is not an FSW employee and in whom you have confidence.

By signing below you agree as follows:

1. *You give FSW the right to investigate your present and prior employment, education, credit, medical history or activities with such individuals, companies, institutions, or agencies as FSW may choose. You authorize FSW to obtain information concerning your general reputation character, conduct and work quality and you authorize any person or organization contacted to furnish information and opinions concerning your qualification for employment, whether it is a matter of record or not, including personal evaluation of your honesty, reliability, carefulness and ability to take orders from your superiors. You authorize them to release to FSW any information FSW may require, including your prior d isciplinary employment record without any obligation to give you written notice of disclosure. You understand that your employment is contingent upon this investigation and, if employed, false statements in this application shall be considered sufficient cause for dismissal. You understand and agree that if, in the opinion of FSW, the results of the investigation are unsatisfactory that an offer of employment that has been made may be withdrawn or your employment w ith FSW may be terminated. FSW is also authorized to release any information or opinion requested by any prospective or subsequent employers without any obligation to give you written notice of disclosure. You release FSW, any prospective or subsequent employers and anyone who has released information to FSW from any liabilityas a result of any inquires or disclosures, except where such a release would violate federal or Michigan law. If anyliability results to FSW from making an investigation you will make it good by paying to FSW any damages and/or attorney's fees which it may incur.*
2. *The information which you have given in the Application is true and complete.*
3. *If you become employed by FSW, you agree that both you and FSW have the right to terminate your employment at any time for any reason or for no reason and with or without notice. You acknowledge that FSW does not give up the right to terminate your employment by distributing to its employees an Employee Handbook or any other publication which describes the various FSW benefit programs which FSW may change at any time with or without notice to you and in which rules and regulations may be published with which you agree to comply.*
4. *You understand that, if you become employed by FSW, no promise or guarantee made after you are hired, or any modification of Paragraph 3 above, shall be binding upon FSW unless made to you in writing and signed by an Officer, General Manager or Director of Personnel of FSW.*
5. *If FSW offers you a job, you understand that it is conditioned upon your satisfactorily passing a pre-employment physical showing that you are able to do the job.*
6. *You understand and agree that prior to commencing employment or after you are employed, you may be requested to submit to tests to determine the presence of alcohol or illegal drugs, and agree to the release of any such test results to appropriate personnel and agree that if you refuse such tests before commencing employment, your offer of employment will be revoked, or if you refuse such tests after being employed, your employment will be terminated.*
7. *You agree that this application is not an offer of employment.*
8. *You agree that this constitutes the entire agreement between you and FSW and that any and all prior agreements are null and void, and that nothing in any documents published by FSW, either before or after this agreement, shall in any way modify the above terms.*

Signature: _____ Date: _____

Witness: _____

CONFIDENTIAL

FEDERAL SCREW WORKS
Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Current Address: _____
(Mo/Yr) (Street)

_____
(City, State, ZIP)

Previous Address: _____
(Mo/Yr) (Street)

_____
(City, State, ZIP)

Social Security Number: _____ **Date of Birth:** _____

Driver's Lic #: _____ **State of Issue:** _____

Tel #: _____ **Email Address:** _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Federal Screw Works and its designated agents and representatives to conduct a comprehensive review of my background causing an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer investigative report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history; education background; character references; drug testing; civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Federal Screw Works or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Federal Screw Works, the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ Date: _____

Witness: _____