

WWW.SCHLAGEL.NET

APPLICATION FOR EMPLOYMENT							
TITLE OF SPECIFIC POSITION APPLYING FO	DR:						
EMPLOYMENT DESIRED (PLEASE CIRCLE)	FULL-TIME		PART-TIME				
LAST NAME		FIRST NAME		M.I.			
SSN	DATE OF BIRTH DATE OF APP		DATE OF APPLICATION	I .ICATION			
ADDRESS			DATE AVAILABLE FOR	R WORK			
CITY	STATE	ZIP	MAIN PHONE				
EMAIL							
HAVE YOU FILED AN APPLICATION OR BEEI IF YES, WHEN?	N EMPLOYED HERE E	BEFORE?		YES	NO		
ARE YOU 18 YEARS OF AGE OR OLDER?					NO		
IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE ELIGIBLE TO WORK IN THE U.S.?					NO		
IF HIRED, WOULD YOU BE ABLE TO PASS A DRUG TEST?					NO		
ARE YOU ON LAY-OFF AND SUBJECT TO RECALL?					NO		
DO YOU HAVE ANY MEDICAL RESTRICTIONS PREVENTING YOU FROM PERFORMING THIS JOB?					NO		
REFERRAL SOURCE: (PLEASE CIRCLE)	FRIEND/RELATIVE JOB SEARCH ENGINI SCHLAGEL MFG EMPLOYEE SOCIAL MEDIA		Ξ				
HAVE YOU SERVED IN JAIL OR PRISON OR JAIL SENTENCE COULD HAVE BEEN IMPOS		F A MISDEMEANER	OR FELONY FOR WHICH	A YES	NO		
IF YOU ANSWERED "YES" TO THE ABOVE Q	UESTION, PLEASE EX	XPLAIN.					

EMPLOYMENT HISTORY					
EMPLOYER	FROM	DATE	ТО		
ADDRESS					
JOB TITLE		!			
SUPERVISOR					
REASON FOR LEAVING					
TYPE OF WORK PERFORMED					
MAY WE CONTACT THIS EMPLOYER?					
EMPLOYER	FROM	DATE	ТО		
ADDRESS	-				
JOB TITLE					
SUPERVISOR					
REASON FOR LEAVING					
TYPE OF WORK PERFORMED					
MAY WE CONTACT THIS EMPLOYER?					
EMPLOYER	FROM	DATE	ТО		
ADDRESS					
JOB TITLE					
SUPERVISOR					
REASON FOR LEAVING					
TYPE OF WORK PERFORMED					
MAY WE CONTACT THIS EMPLOYER?					
EMPLOYER	FROM	DATE	ТО		
ADDRESS					
JOB TITLE					
SUPERVISOR					
REASON FOR LEAVING					
TYPE OF WORK PERFORMED					
MAY WE CONTACT THIS EMPLOYER?					

EDUCATION							
DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED?			YES NO				
HIGH SCHOOL ATTENDED	CITY, STATE						
HIGHER EDUCATION							
TRADE SCHOOL OR UNIVERSITY	DID YOU GRADUATE?	CERTIFICATE OR DEGREE	COURSE OF STUDY				
	YES NO						
	YES NO						
	YES NO						
	YES NO						
REFERENCES (PLEASE LIST THREE REFERENCES NOT RELATED TO YOU)							
NAME	ADDRESS	PHONE #	POSITION				
SKI	ILLS AND ABILITIES (PLEASE CI	RCLE ALL THAT APPLY TO YOU					
	·						
WELDING	CNC MACHINING	CNC BRAKE	HEAVY EQUIPMENT				
MIG WELDING	CNC MILL	CNC PLASMA	FORKLIFT				
TIG WELDING	CNC LATHE	CNC LASER	SCISSOR LIFT				
HARD FACING	CNC PROGRAMMING	PAINT SYSTEM	BOOM LIFT				
HAND PLASMA TORCH		ASSEMBLY	LOADER				
READ WELDING PRINTS		MECHANIC/REPAIR					
READ AND UNDERSTAND ENGINEERED DRAWINGS ABLE TO STAND F		ABLE TO STAND FO	OR 4 HOURS OR MORE				
BASIC COMPU	TER SKILLS	ABLE TO LIFT 50 POUNDS					
DI FACE LICE AND OTHER MACHINE EVERDIENCE OR OREGIAL TRAINING VOLLHAVE THAT IS NOT LICED AROUE							
PLEASE LIST ANY OTHER MACHINE EXPERIENCE OR SPECIAL TRAINING YOU HAVE THAT IS NOT LISTED ABOVE:							
SIGNATURE			DATE				
FOR SCHLAGEL MFG OFFICE USE ONLY:							
DATE OF HIRE	ATE OF HIRE START DATE						
TITLE / POSITION							
RATE OF PAY / SALARY							
REMARKS							