

APPLICATION FOR EMPLOYMENT

Miller Precision Mfg. Industries, Inc.
 131 Progressive Drive
 PO Box 489
 Ottoville, OH 45876
 Phone 419-453-3251 Fax 419-453-3030
 miller@millerprecision.com

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

APPLICANT INFORMATION

Position(s) applied for				Date of application	
Last Name		First	MI	Social Security #	
Street Address		Apartment/Unit #	City	State	ZIP
Telephone # ()		Mobile/Other Phone # ()		E-mail Address	
If you are under 18, and it is required, can you furnish a work permit?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If no, please explain					
Have you ever been employed here before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, give dates and positions	
Are you legally eligible for employment in this country?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date available for work			What is your desired salary range?		
Type of employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Seasonal <input type="checkbox"/> Educational Co-Op					
Are you able to meet the attendance requirements of the position?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever pled "guilty" or "no contest" to, or been convicted of a crime?				YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes, please provide date(s) and details					
ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.					
Driver's license number if driving is an essential job function					State

EMPLOYMENT HISTORY

Provide the following information of your past four (4) employers, assignments or volunteer activities, starting with the most recent.

From	To	Employer	Telephone # ()
Starting job title/final job title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ Per Final \$ Per
Reason for leaving		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus \$ (est.)	
From	To	Employer	Telephone # ()
Starting job title/final job title		Address	
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? YES <input type="checkbox"/> NO <input type="checkbox"/> LATER <input type="checkbox"/>		Compensation <input type="checkbox"/> Hourly <input type="checkbox"/> Salary	Start \$ Per Final \$ Per
Reason for leaving		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus \$ (est.)	
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Reason for leaving		<input type="checkbox"/> Commission <input type="checkbox"/> Bonus \$ (est.)	

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

List all the machines and equipment you have operated:

Comments:

EDUCATIONAL BACKGROUND (if job related)

School (Include City and State)	Number of Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	
		<input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	
		<input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	
		<input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA <input type="checkbox"/> DEGREE	

REFERENCES

Name	Title	Relationship to Candidate	Telephone	Number of Years Known
			()	
			()	
			()	

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understood and accept all terms of the foregoing Applicant Statement.

Signature of Applicant	Date
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