



Die-Matic Tool and Die, Inc. is committed to providing employment opportunities free of unlawful discrimination based on a person's race, color, religion, national origin, age, sex, weight, height, marital status, non-disqualifying disability, or any characteristic protected by law.

A TOBACCO-FREE WORKPLACE

APPLICATION FOR EMPLOYMENT

P E R S O N A L	Last Name, First, Middle		Date
	Street Address		How Long
	City, State, County, Zip		Phone
	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security No.
	Are you interested in: Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Either <input type="checkbox"/>		Email
	Have you applied for previously? If Yes, Dates:		Are you available for: <input type="checkbox"/> Days <input type="checkbox"/> Nights All <input type="checkbox"/>
	Were you previously employed by us? If Yes Dates:		
	Who Referred You To Die-Matic? <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> FRIEND <input type="checkbox"/> SCHOOL <input type="checkbox"/> AGENCY <input type="checkbox"/> AD <input type="checkbox"/> OTHER Explain:		
	POSITION DESIRED:		Rate of Pay Expected
	Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date available to begin work?
Are you currently employed or self-employed? <input type="checkbox"/> Yes <input type="checkbox"/> No			
State names of relatives and friends working for us.			
Have you ever been convicted of any crime other than a minor traffic violation? If yes, give dates and explain:			

DIE-MATIC DRUG TESTS ALL POTENTIAL AND CURRENT EMPLOYEES

Notice: Our medical services provider uses the hair-follicle method when screening for illegal drug use, it can detect drug use within the past 90 days.

E D U C A T I O N		Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	College					
	High School					
	Technical/ Skills Center					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with present or most recent employer.

1	Company Name	Telephone
	Address	Employed (State Month & Year) From/To
	Name of Supervisor	Hourly/Salary Pay Start/Last
	State Job Title and Describe Your Work	Reason for Leaving
		May we contact your present employer?
2	Company Name	Telephone
	Address	Employed (State Month & Year) From/To
	Name of Supervisor	Hourly/Salary Pay Start/Last
	State Job Title and Describe Your Work	Reason for Leaving
		May we contact this employer?
3	Company Name	Telephone
	Address	Employed (State Month & Year) From/To
	Name of Supervisor	Hourly/Salary Pay Start/Last
	State Job Title and Describe Your Work	Reason for Leaving
		May we contact this employer?
4	Company Name	Telephone
	Address	Employed (State Month & Year) From/To
	Name of Supervisor	Hourly/Salary Pay Start/Last
	State Job Title and Describe Your Work	Reason for Leaving
		May we contact this employer?

Military COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES

5	Describe your duties and any special training	Branch of Service
		Period of Active Duty From/To:
		Rank at Discharge:
		Date of Final Discharge

Special Skills and Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience. Include language skills other than English and your competency in them. Also include equipment or machines with which you've had experience.

APPLICANT STATEMENT

(You Must Sign This Applicant Statement To Be Considered For Employment)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions, verbal or written, may disqualify me from further consideration for employment and may result in discipline or dismissal if discovered at a later date.

I authorize a thorough investigation of all statements and references contained in this application and of my employment, education, and military history, including discipline and attendance records by DIE-MATIC, and agree to cooperate in such investigation. I release from all liability and responsibility all persons and corporations requesting or supplying such information and references to DIE-MATIC and waive any right to notice of such disclosure.

Should I receive a conditional offer of employment, I agree to submit to any physical and/or psychological medical examination. I further authorize any physician or entity conducting such medical examination to release the results of such examination to DIE-MATIC. I also understand that if I have a protected disability that affects my ability to perform the job I seek, I may ask DIE-MATIC to attempt to make reasonable accommodation for it. I must let DIE-MATIC know of my need for accommodation as soon as possible.

I give my consent for DIE-MATIC through an authorized testing service of its choice, to collect blood, urine, hair or saliva samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. Further, I give my consent for the release of test results and other relevant medical information to authorized DIE-MATIC management for appropriate review. If I am accepted for employment by DIE-MATIC, I consent to be tested in the above manner during my employment when, in Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's substance abuse policy is a condition of my employment.

I agree that except at the request and for the benefit of DIE-MATIC, I will not disclose to anyone, or use for my own purposes, any of the Company's confidential or proprietary information, either during or after my employment. I understand and agree that the Company's trade secrets, bidding, costs, pricing, and market information and techniques, designs, methods of engineering and production, financial and market information, computer software, sources of supply, and customer names and information are confidential and proprietary information of the Company. I also agree that I will not make written or other copies of notes regarding these matters except as necessary to perform my job, and I agree that if my employment with the Company ends, I will deliver to the Company all material of any kind that I have relating to the Company, including any such copies or notes. I also agree that I will disclose and assign to the Company any invention, design or process which I conceive or develop while employed by the Company relating to the Company's business or to any product or service offered or being developed by the Company, and that all such designs or conceptions shall be the property of the Company.

I understand that all employees of DIE-MATIC are employed on an indefinite basis and are subject to termination at any time, with or without prior notice, discipline, or warning, for any or no reason. I understand that no person other than the President of DIE-MATIC has the authority to offer employment for any specified period or to make any different agreement. No such agreement by the President will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President. Without limiting the foregoing, I further understand that I am required to abide by all rules and regulations of DIE-MATIC and to work the hours, days, and shifts (either day or night) scheduled by the management of the business unit where I am employed.

In exchange for the Company considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. This waiver includes, but is not limited to, waiver of statutes of limitation that apply to state or federal civil rights statutes.

Date _____ Applicant Signature _____
Can be signed when/if called for interview.

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FOR OFFICE USE ONLY

R E F E R E N C E	EMPLOYER	PERSON CONTACTED	RESULTS
1			
2			
3			

Accepted for employment? Y N Position: _____ Starting rate \$ _____ H W
Scheduled to start work on: _____ Interviewed by: _____ Date: _____