

This application must be in your own handwriting.
 To receive proper consideration, all questions on both sides of this form must be answered.

Forgings & Stampings

1025—23rd Avenue
 Rockford, IL 61104

DATE _____
 SOCIAL SECURITY NUMBER _____
 POSITION APPLIED FOR _____

APPLICATION FOR EMPLOYMENT

Name in Full _____
Last First Middle

Present Address _____
Street City State Zip

Phone (_____) _____ Are you 18 years or older? Yes No

Are you either a U.S. Citizen or an alien authorized to work in the United States? Yes No

Are you presently employed? _____ Where? _____

Kind of work desired _____ Salary desired _____ per hour

Previously employed here? From _____ to _____ Dept. _____

Have you any Relatives Name _____

Friends in our employ? Name _____

In case of Emergency notify _____ Phone _____

Address _____ City _____ State _____

EDUCATION	Name and Location of School	No. of Years Attended	Course of Study		Did You Graduate?
			General	Special	
Grammar School					
High School					
College or University					
Trade, Business, or Correspondence School					

The Age Discrimination in Employment Act of 1967 prohibits discrimination the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Have you served an apprenticeship? _____ How long? _____ Trade? _____

Mechanical Experience or Business Machines you have operated _____

All qualified applicants will receive consideration without regard to age, race, color, religion, sex, national origin, handicap, or military status.
 ABILITY TO PERFORM ESSENTIAL REQUIREMENTS OF THE JOB I have been shown a written description of the job I have applied for and the essential requirements of that job have been demonstrated to me. Based upon the written description and observation of the demonstration, the Applicant states that he/she: (check the appropriate box)

- is able to perform the essential job requirements without accommodation
- is able to perform the essential job requirements with accommodation
- is unable to perform the essential job requirements with or without accommodation

Please state the requirements of the job for which applicant requires accommodation: _____

If applicant requests accommodation(s), state the accommodation(s) requested: _____

EMPLOYMENT HISTORY: Give Names and Addresses of ALL Previous Employers (including civil service).
 If you are now working, present employer and reason for desire to quit must be included.

NAME AND ADDRESS OF COMPANY	DATE		LIST YOUR DUTIES	STARTING SALARY	FINAL SALARY	REASON FOR LEAVING
	From	To				

REFERENCES: Give the names of three persons not related to you, whom you have known for at least one year.

NAME	ADDRESS AND PHONE	OCCUPATION	YEARS

I agree that any false statement in this application shall be sufficient cause for rejection or dismissal. I hereby grant permission to investigate any of the information included in this application and to submit to medical examination if required. The use of this form does not indicate there are any position open and does not in any way obligate this Company.

Safety devices and equipment shall be used as a condition of employment.

Witness _____ Sign Here _____

Signature of Applicant

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application.