

APPLICATION FOR EMPLOYMENT



Metal Design | 3618 Lexington Ave | Madison, WI 53714

Metal Design is an Equal Opportunity Employer

Metal Design will require I-9 and E-Verify confirmation, certifying legal eligibility to work in the U.S., if hired. Please print answers to all questions. Applications are considered current for 180 days.

PERSONAL DATA		
Name		Date
Address	City, State, Zip	
Home Number	Cell Number	
Are you 18 years of age or older?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a U.S. Citizen or otherwise currently authorized to obtain lawful employment in this country?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the position requires the use of a motor vehicle, do you have a valid driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If the position requires the use of a commercial vehicle, do you have a valid commercial driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Position:		Date Available:
Desired Salary / Wage Rate:		
Have you ever applied with Metal Design before? If so, when?		
Have you ever worked for Metal Design before? If so, when?		
How were you referred to Metal Design?		

EDUCATION & TRAINING	
Name of High School (City & State)	Did you graduate?
College / University (City & State)	Degree/years attended:
Trade / Technical Training (City & State)	Degree/years attended:
Describe any other training you consider relevant to the position for which you are applying:	

EMPLOYMENT HISTORY

Begin with your current or most recent employer. Include self-employment and military service. Attach additional sheets if necessary.

Employer:	Dates Employed:
Position Title:	Street Address:
Duties:	City, State, Zip:
	Phone Number:
	Name of Supervisor:
	Last Pay Rate:

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Position Title:	Street Address:
Duties:	City, State, Zip:
	Phone Number:
	Name of Supervisor:
	Last Pay Rate:

Employer:	Dates Employed:
Position Title:	Street Address:
Duties:	City, State, Zip:
	Phone Number:
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	Last Pay Rate:

Employer:	Dates Employed:
Position Title:	Street Address:
Duties:	City, State, Zip:
	Phone Number:
	Name of Supervisor:
	Last Pay Rate:

REFERENCES

Name:	Email address:	Phone/Cell Number:
Business:	Relationship:	

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Business:	Relationship:	

Name:	Email address:	Phone/Cell Number:
Business:	Relationship:	

AUTHORIZATION, RELEASE & CERTIFICATION

I certify that all information on this application is true, complete and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application or, if employed, my immediate dismissal.

I hereby give permission to the employer to seek, verify and supplement the information set forth in the application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original and may be relied upon by all persons providing information.

I understand that employment with Metal Design is not contractual and is at-will. I understand and agree that if hired, I may voluntarily leave employment at anytime and may be terminated at anytime without prior notice for any reason or for no reason. I understand that any oral or written statements which I may claim to have been made to me now or in the future, inconsistent with the provisions of this paragraph, are expressly disavowed and revoked by the company and should not be relied upon by me as an applicant for employment or as an employee, if hired.

Federal law requires companies to verify the identity and employment eligibility of all persons hired to work in the United States. If you are hired, Metal Design will use your I-9 information and E-Verify to meet this requirement.

I understand that I may be required to submit to a medical examination if offered a position conditional on such examination.

I also understand that I may be required to submit to testing for controlled substances or other drugs.

I understand that I will be subject to a background screening if I am given a conditional offer of employment.

I understand this application will be considered inactive after 180 days.

I certify I have read (or have had read to me) and understand this authorization, release and certification.

Applicant's Name (print)
Applicant's Signature
Date