



Rockform

Application for Employment

Rockform Carbide Manufacturing

2974 Eastrock Drive Rockford, IL 61109

Applicant's Information

First Name: _____

Last Name: _____

Nickname: _____

Social Security Number: ____-____-____

Phone Number: ____-____-____

Alternate Phone Number: ____-____-____

Work Cell Other

Address: _____

Email: _____

Recruitment Information

Position Applying For: _____

Available to Work:

Full-time

Part-time

Specify Shift Preferences:

1st Shift

2nd Shift

3rd Shift

Other(s): _____

What days and hours are you available to work?

Monday: _____ am/pm (Circle one) to _____ am/pm (Circle one)
Tuesday: _____ am/pm (Circle one) to _____ am/pm (Circle one)
Wednesday: _____ am/pm (Circle one) to _____ am/pm (Circle one)
Thursday: _____ am/pm (Circle one) to _____ am/pm (Circle one)
Friday: _____ am/pm (Circle one) to _____ am/pm (Circle one)
Saturday: _____ am/pm (Circle one) to _____ am/pm (Circle one)
Sunday: _____ am/pm (Circle one) to _____ am/pm (Circle one)

How did you learn about this company and position?

Job Advertisement (Identify publication and/or other media):

Employee Referral (Identify Employee):

Other(Please specify):

Have you previously worked for our company?

Yes or No

If yes, under what conditions did you leave employment before?

Education

For each level of schooling below, please write the school name, the city, and state where it is located, your major and minor subjects, and the degree or diploma you received.

High School:

College:

College:

Graduate School:

Business, Trade or Other:

Work History

Starting with your current or most recent employer, please provide the following information about the last three companies for which you have worked.

Employer 1 (current or most recent)

Company Name:

Phone Number:

Address:

Dates Employed:

Job Title(s) Held:

Job Responsibilities:

Name of Immediate Supervisor:

Employer 2

Company Name:

Phone Number:

Address:

Dates Employed:

Job Title(s) Held:

Job Responsibilities:

Name of Immediate Supervisor:

Employer 3

Company Name:

Phone Number:

Address:

Dates Employed:

Job Title(s) Held:

Job Responsibilities:

Name of Immediate Supervisor:

References

<u>Name</u>	<u>Company</u>	<u>Title</u>	<u>Phone Number</u>
			() ____ - ____
			() ____ - ____
			() ____ - ____

Applicant Consent

Please carefully read the statements below and initial each one to indicate that you understand and agree to the terms stated. Then sign and date this form at the bottom.

I certify that all information I have supplied on this form is correct to the best of my knowledge. I understand that omissions or providing deliberate misinformation will disqualify my application and, if hired, would serve as grounds for dismissal.

INITIAL: _____

I give consent to **ROCKFORM CARBIDE MANUFACTURING** to contact the employers listed on this form for my employment references. I authorize these individuals to provide truthful information regarding my employment and previous work experience. In doing so, I waive liability against employers and individuals contacted as my references, provided the information they supply is honest, factual, and given without malice.

INITIAL: _____

Applicant's Signature:

Date:

Company Purposes Only

Interviewers Signature:

Date: