



THREADED FASTENERS, INC.

P.O. Box 2644 • Mobile, AL 36652

Application for Employment

It is the policy of this company to provide equal opportunity with regard to all terms and conditions of employment. This company complies with federal and state laws prohibiting discriminations on the basis of race, color, religion, creed, national origin, disability, veteran status, age or any other protected characteristic.

Name:
Phone:
Address:
City/State/ZIP:
Position applied for:
Special training or skills: (languages, machine operation, etc.) that would benefit you in the job for which you are applying: _____
Would you accept full-time work? Yes <input type="checkbox"/> No <input type="checkbox"/> Would you accept part-time work? Yes <input type="checkbox"/> No <input type="checkbox"/>
On what date would you be available for work? _____
Have you ever been employed here before? No <input type="checkbox"/> Yes <input type="checkbox"/> Dates: _____
Do you have a legal right to be employed in the U.S.? Yes <input type="checkbox"/> (If yes, proof is required.) No <input type="checkbox"/>
Are you of legal age to work? Yes <input type="checkbox"/> No <input type="checkbox"/>

Educational Background

Grammar School:

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma _____

High School:

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma _____

College:

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma _____

Graduate School:

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma _____

Vocational, or other training: _____

Name and location: _____

Course of study: _____ Did you graduate? Yes No Degree or Diploma _____

Previous Employers and Addresses

Place an "X" by the employer(s) you do not want us to contact. List the most recent employer first.

1. Company Name: _____ Phone () _____

Contact Name: _____

Address: _____ Employed From: _____ To: _____

Position: _____ Reason for Leaving: _____

2. Company Name: _____ Phone () _____

Contact Name: _____

Address: _____ Employed From: _____ To: _____

Position: _____ Reason for Leaving: _____

3. Company Name: _____ Phone () _____

Contact Name: _____

Address: _____ Employed From: _____ To: _____

Position: _____ Reason for Leaving: _____

4. Company Name: _____ Phone () _____

Contact Name: _____

Address: _____ Employed From: _____ To: _____

Position: _____ Reason for Leaving: _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or my company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____