


Last Name:		First Name:		Middle Initial:	OFFICE USE ONLY:
Will Visa or Immigration Status prevent lawful employment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Social Security #:	Today's Date:	Date Available:	OFFICE USE ONLY:
Phone:		Alternate Phone: ()	Email:		
Position Applied For: <input type="checkbox"/> Fabricator <input type="checkbox"/> Welder <input type="checkbox"/> Laser Operator <input type="checkbox"/> Pressbrake Operator <input type="checkbox"/> Laborer <input type="checkbox"/> Installer <input type="checkbox"/> Programmer <input type="checkbox"/> Office/Clerical <input type="checkbox"/> Other (specify):					 AN EQUAL OPPORTUNITY EMPLOYER A DRUG FREE WORKPLACE 30011 Leghorn Ave., Eugene, OR Ph: 541.744.3838 Fax: 541.744.8956 www.mohawkmetal.com
Current Address: Street City State Zip Code					
Former Address: Street City State Zip Code					

EDUCATION RECORD

High School:	City/State:	Graduate/GED? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:
College:	City/State:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:
Other:	City/State:	Graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Certification/Major:

EMPLOYMENT RECORD

EMPLOYER	EMPLOYMENT DATES	SALARY	POSITION	ELIGIBLE FOR REHIRE
Name	Start	Start	Start	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	End	End	End	
Skills/duties				
Supervisor		Reason for Leaving		

Name	Start	Start	Start	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	End	End	End	
Skills/duties				
Supervisor		Reason for Leaving		

Name	Start	Start	Start	<input type="checkbox"/> Yes <input type="checkbox"/> No
Address	End	End	End	
Skills/duties				
Supervisor		Reason for Leaving		

List periods of unemployment of more than 30 days and explain:

THIS COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT UNLAWFULLY DISCRIMINATE ON THE BASIS OF RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, MARITAL STATUS OR ANY OTHER BASIS PROHIBITED BY FEDERAL, STATE OR LOCAL LAW.

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PERSONAL DATA

Who referred you to this company (person or organization):	
Have you pled guilty or been convicted of a felony within the last 7 years? (Conviction of such a crime will not necessarily bar you from employment with the company.)	
<input type="checkbox"/> Yes	<input type="checkbox"/> No Type: _____

PLEASE LIST ANY OTHER JOB RELATED SKILLS OR LICENSES

ADDITIONAL INFORMATION YOU WOULD LIKE TO PROVIDE

This application form is intended for use in evaluating your qualifications for employment; this is not an employment contract.

I certify that the information given by me to Mohawk is true and complete to the best of my knowledge. I understand that, if I am employed, discovery that I gave false or misleading information may result in immediate dismissal.

I further certify that I am not engaged in any outside activity or business that could be considered in conflict with Mohawk's interest or those of its customers, nor will I become engaged in such activity or business if employed.

In consideration of my employment, I agree that my employment and compensation can be terminated with or without cause, and with or without notice at any time, at the option of either Mohawk or myself. I understand that no representative of Mohawk, other than the Owners, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

If employed, I further agree that if Mohawk advances any paid leave before it has been accrued, or advances or loans me any money during the course of my employment, or if I lose, damage, or fail to return any firm property the firm is authorized to deduct from my wages sufficient funds to repay such loans or advances or to replace its property.

After an offer of employment, and prior to reporting to work, you are required to submit to mandatory drug testing and satisfactorily complete such testing. Additional testing of job related skills may be required subsequent to an offer of employment and prior to reporting to work.

Applicant Signature: _____ Date: _____

THIS APPLICATION IS VALID FOR 90 DAYS FROM DATE.

Mohawk Metal Co.

Affirmative Action Questionnaire

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required governmental recordkeeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process.

Race

- Hispanic or Latino
- White
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- American Indian or Alaska Native
- Two or more races

Sex

- Male
- Female

Veteran

- Special Disabled
- Vietnam
- Other _____
- Not Applicable

Mohawk Metal Company regularly provides employment on Federally funded projects. This above information will help us in compliance with hiring goals and accounting.

I ELECT TO NOT PROVIDE THIS INFORMATION