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| --- | --- |
| Caudell’s machine & tooling, inc  1154 hIGHWAY 59 n.; cOMMERCE, GA 30530 Tel: (706) 335-5895  Employment Application | PRE-EMPLOYMENT QUESTIONAIRE  EQUAL OPPORTUNITY EMPLOYER  Fax: (706)335-7991  Email: accounts@caudells.com |

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| Applicant Information | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Last Name | | | | |  | | | | | | | | | | | | | | First | |  | | | | | | | | | | | | | M.I. | | | Date | | | |  | |
| Street Address | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Apartment/Unit # | | | | | | |  | |
| City | |  | | | | | | | | | | | | | | | | | State | |  | | | | | | | | | | | | | ZIP |  | | | | | | | |
| Phone | |  | | | | | | | | | | | | | | | | | E-mail Address | | | | |  | | | | | | | | | | | | | | | | | | |
| Date Available | | | | | |  | | | | | | | | | | Social Security No. | | | | |  | | | | | | | | | | Desired Salary | | | | | |  | | | | | |
| Position Applied for | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are you a citizen of the United States? | | | | | | | | | | | | | | | YES | | NO | | | | If no, are you authorized to work in the U.S.? | | | | | | | | | | | | | | | | | | | YES | | NO |
| Have you ever worked for this company? | | | | | | | | | | | | | | | YES | | NO | | | | If so, when? | | | | |  | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a felony? | | | | | | | | | | | | | | | YES | | NO | | | | If yes, explain | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Education | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| High School | | | | |  | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| College | |  | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| Trade or Other | |  | | | | | | | | | | | | | | | Address | | | |  | | | | | | | | | | | | | | | | | | | | | |
| From | |  | | | | | To | | |  | | Did you graduate? | | | | | YES | | | | NO | | | | Degree | | | | |  | | | | | | | | | | | | |
| **MACHINE SHOP EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have machining experience? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, what kind of machine? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How many years of experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What type of work did you do in the machine shop? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Was the work you performed repetitive? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you operate one (1) machine and then switch to another? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you have CNC SETUP/PROGRAMMING experience? YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If so, how much experience? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What machines can you SETUP and OPERATE proficiently and without supervision? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| What software can you program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Reading Skills:  Excellent  Good  Poor  Tolerance Generally Worked To:  +/- 0.10  +/- .005  +/- .001  +/- .0001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manual Mill  Wire EDM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manual Lathe  Surface Grinding | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNC Lathe  CAD/CAM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNC Mill  Other: List | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CNC Sinker EDM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| References | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please list three professional references. (Other than family members.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | | | |
| Address | | | | | Years Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | | | |
| Address | | | | | Years Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full Name | | | | |  | | | | | | | | | | | | | | | | | Relationship | | | | | | | |  | | | | | | | | | | | | |
| Company | | | | |  | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | | | |
| Address | | | | | Years Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Previous Employment (lIST BELOW LAST three EMPLOYERS, STARTING WITH LAST ONE FIRST) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | |  | | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | | Ending Salary | | | | | | | $ | | | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | | | | | |
| Company | | | |  | | | | | | | | | | | | | | | | | | | Phone | | | | |  | | | | | | | | | | | | | | | |
| Address | | |  | | | | | | | | | | | | | | | | | | | | Supervisor | | | | | |  | | | | | | | | | | | | | | |
| Job Title | | |  | | | | | | | | | | | | | | | Starting Salary | | | | | $ | | | | | | | | | Ending Salary | | | | | | | $ | | | | |
| Responsibilities | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| From |  | | | | | | To | | | |  | | | Reason for Leaving | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | | | | | | | | | | | | | | | | | YES | | | NO | | | | |  | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Company | | |  | | | | | | Phone |  | | | | | Address | |  | | | | | | | Supervisor | |  | | | | Job Title | |  | | | | | Starting Salary | | $ | | | Ending Salary | $ | | Responsibilities | | | |  | | | | | | | | | | | From |  | | | To |  | Reason for Leaving | |  | | | | | | | May we contact your previous supervisor for a reference? | | | | | | | | YES | NO |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Military Service | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Branch | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | From | | | |  | | | To | |  | | | | | |
| Rank at Discharge | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | Type of Discharge | | | | | | | | | |  | | | | |
| If other than honorable, explain | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s statement and Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that my answers contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.  I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.  I also understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.  This statement does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.  In the event of the employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the employer. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Date | | |  | | | | | | | |