



High Quality, Aluminum Sand Castings

EMPLOYMENT APPLICATION

Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Are you 18 years old or older? _____

Type of work desired _____

If hired, can you provide proof of your eligibility to work in the United States? _____

Apart from absence for religious observance, are you available for full-time work? _____

If not, what hours can you work? _____ Will you work overtime if asked? _____

What date will you be available for work? _____

Are you able to lift up to 50 pounds on a regular basis, as required by the essential functions of the job? _____

EXPERIENCE

Dates Employed (From-To)	Employer and Location	Type of Work	Supervisor

We may contact the employers listed above unless you indicate those you do not want us to contact.

Do not contact _____ Reason _____

MULTI-CAST IS AN EQUAL OPPORTUNITY EMPLOYER

(The company does not discriminate on the basis of age, sex, race or color, national origin, religion or disability)

EDUCATION

Education	Name of School and Address	Circle Last Year Completed	Did you Graduate?	Course of Study or Degree
High School		1 2 3 4	Y or N	
College		1 2 3 4	Y or N	
Other		1 2 3 4	Y or N	

Additional Skills/Training (machines, computer knowledge, etc.) _____

PERSONAL REFERENCES

(Not Relatives)

Name and Occupation	Telephone Number

Emergency Contact _____ Telephone _____

I hereby certify that the above statements are true. Should any information be false, I understand that this is sufficient cause for dismissal. Should I be accepted for employment, I agree to comply with all company rules and regulations, to learn my work thoroughly and to take every precaution so that I will not cause injury to myself or to my fellow workers. I understand that acceptance of an offer of employment does not create a contractual obligation upon the Employer to employ me in the future.

All new hires will be placed on a 90-day probationary period and must successfully pass a drug test and a placement physical examination prior to be eligible for regular employment.

Signed _____ Date _____