

MAGLINE[®] INC.

1205 W. Cedar Street, Standish, MI 48658

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

Name: _____
 Last First Middle

Address: _____ City: _____ State: _____ Zip code: _____

Cell Phone: _____ Home Phone: _____ Email: _____

Are you currently authorized to work in the USA? Yes No State age if under 18: _____

Position(s) applied for (Specific Title): _____ Pay expected: _____

Full Time Part Time Specify days and hours you can work: _____

How did you learn about us? Newspaper Walk-In Internet Website Magline Employee: _____
 Agency Job Fair Other: _____

Were you previously employed by us? Yes No If yes, when? _____

Did you previously work with us through a temporary service? Yes No If yes, when? _____

Are you currently employed? Yes No If yes, by whom? _____

Michigan Residents (answered required; non-Michigan residents can answer voluntarily) Not a Michigan resident

Have you been convicted of a felony? No Yes Explain: _____

Magline, Inc. requires a background check to be performed at the time of hire for any applicant regardless of state of residence.

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree
High School			<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> Yes <input type="checkbox"/> No	

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree
College or Trade School			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

School	Name and Address of School	Course of Study	Check Last Year Completed				Did You Graduate	List Diploma or Degree
Other			<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RECORD OF EMPLOYMENT

Please fill out ALL lines below starting with your most recent job held.

PRESENT EMPLOYER: _____ Type of Business: _____

Address: _____ Phone: (____) ____ - ____

Starting Date: _____ Starting Title: _____ Starting Earnings: _____

Present Date: _____ Present Title: _____ Present Earnings: _____

Present Duties: _____

Immediate supervisor's name and title: _____

What do you like BEST about this job? _____

What do you like LEAST about this job? _____

Reason for new job search (be specific): _____

PREVIOUS EMPLOYER: _____ Type of Business: _____

Address: _____ Phone: (____) ____ - ____

Starting Date: _____ Starting Title: _____ Starting Earnings: _____

Ending Date: _____ Ending Title: _____ Ending Earnings: _____

Ending Duties: _____

Last immediate supervisor's name and title: _____

What do you like BEST about this job? _____

What do you like LEAST about this job? _____

Reason for leaving (be specific): _____

PREVIOUS EMPLOYER: _____ Type of Business: _____

Address: _____ Phone: (____) ____ - ____

Starting Date: _____ Starting Title: _____ Starting Earnings: _____

Ending Date: _____ Ending Title: _____ Ending Earnings: _____

Ending Duties: _____

Last immediate supervisor's name and title: _____

What do you like BEST about this job? _____

What do you like LEAST about this job? _____

Reason for leaving (be specific): _____

If more previous employers, please list here:

Employment Dates		Company Name and Address	Position or Type of Work	Salary or Wage	Reason for Leaving (be specific)
From	To				

May we contact your current/previous employers? Yes No If not, please state company that should not be contacted and the reason: _____

SPECIAL SKILLS OR EXPERIENCE

Check all boxes that are applicable

OFFICE / ADMINISTRATION

Supervisor Experience: # of years: _____ Which employers: _____

Foreign Language: _____ Speak fluently Read Write

Software Programs: Word Excel PageMaker PhotoShop
 PowerPoint Access InDesign Internet
 Other: _____

Office Equipment: Postage Meter Copier Calculator Laminating Machine
 Fax Multiline Phone Binding Folding Machine

Professional Licenses/Certificates/Memberships: _____

PRODUCTION / MANUFACTURING

Supervisor Experience: # of years: _____ Which employers: _____

Foreign Language: _____ Speak fluently Read Write

Machines and Tools:

Presses Hydraulics CNC Mechanical Pneumatics Robotics
 Electrical Hand Tools Saws Gages Tape Measure

Welding: MIG ALUM _____ # of years
 TIG _____ # of years
 STEEL _____ # of years
 Other Metals: _____ # of years

Shipping/Receiving: Yes No # of years: _____ Which employers: _____

Operation of Forklift: Yes No # of years _____ Which employers: _____

Professional Licenses/Certificates/Memberships: _____

ATTENDANCE

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company? Yes No

If yes, please explain: _____

Are you willing to work overtime and on weekends? Yes No Please explain: _____

DRIVING

License #: _____ State: _____ Expiration Date: _____

If applying for a driving position, indicate type of license: _____

OTHER

Are there any other experiences, skills, or qualifications that you feel would especially qualify you for employment with our organization?

PROFESSIONAL REFERENCES

(GIVE THE NAMES AND ADDRESSES OF THREE PERSONS WHO KNOW YOU WELL AND TO WHOM WE MAY REFER – NO RELATIVES)

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TO ALL APPLICANTS:

The careful and thoughtful completion of this application is an important step in our consideration of individuals for employment. The application provides information, which enables us to determine whether an applicant has the interests, background, and experience to be given additional consideration. Therefore, you must complete the entire application. It is to your benefit. Failure to do so may result in non-consideration for employment. Your application should also specify the position you are applying for; stating that you will do "anything" is too indefinite and will result in your application not being accepted by the company. Please print in ink and use your own handwriting.

Your application will become inactive after 30 calendar days. You must complete a new application at that time to be considered for employment.

THANK YOU