



Employment Application

EQUAL OPPORTUNITY EMPLOYER. It is our policy to abide by all federal, state and local laws prohibiting employment discrimination based on a person's race (including hair texture and hairstyles), color, religious creed, gender (including sex stereotyping and gender identity or expression), national origin, ancestry, citizenship status, pregnancy, childbirth, physical disability, mental and/or intellectual disability, age, military status, veteran status (including protected veterans), marital status, registered domestic partner or civil union status, familial status, medical condition (including, but not limited to, cancer related or HIV/AIDS related), genetic information, sexual orientation, or any other protected status.

Today's Date _____

Position for which you are applying: _____

First Name _____ MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ If no home phone, check box

Cell Phone _____

Email _____

Are you under the age of 18? Yes No

Have you ever applied for employment with Rotation Engineering? _____

How were you referred to Rotation Engineering? _____

AVAILABILITY

Number of hours you can work per week? _____

Are you willing to work overtime? Yes No

Rank your shift preferences (1ST, 2ND, 3RD or NA for Not Available)

Day shift _____

Night shift _____

Weekend shift _____

What date are you available to begin working for Rotation? _____

Can you, after employment, submit verification of your legal right to work in the United States? Yes No



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EDUCATION

Check last grade completed in high school:

8 or less 9 10 11 12 GED

Name and location of school _____

Check number years of college, tech or business school:

1 2 3 4 Graduated

Current / last school attended _____

Major / area of study _____

Are you currently a student? _____

List any machines, equipment or software programs on which you are qualified and experienced in operating. _____

List any certificates/licenses that are related to this job. _____

WORK HISTORY

Most recent or present employer: _____

Address _____

City/State _____

Phone _____

Supervisor Name _____

Job Duties _____

Employment Dates: From _____ To _____

Reason for Leaving _____

May we contact this Employer now? Yes No



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Previous Job Employer: _____

Address _____

City/State _____

Phone _____

Supervisor Name _____

Job Duties _____

Employment Dates: From _____ To _____

Reason for Leaving _____

May we contact this Employer now? Yes No

Previous Job Employer: _____

Address _____

City/State _____

Phone _____

Supervisor Name _____

Job Duties _____

Employment Dates: From _____ To _____

Reason for Leaving _____

May we contact this Employer now? Yes No

Previous Job Employer: _____

Address _____

City/State _____

Phone _____

Supervisor Name _____

Job Duties _____

Employment Dates: From _____ To _____

Reason for Leaving _____

May we contact this Employer now? Yes No



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PHYSICAL AND SAFETY REQUIREMENTS for Employment at Rotation Engineering & Manufacturing

PHYSICAL REQUIREMENTS

1. I understand that this job requires continuous lifting throughout my shift.
2. I understand that I will be required to use my legs for manually tripping certain machinery.

SAFETY REQUIREMENTS

1. I understand that I will be required to use the following safety devices made available to me at *Rotation Engineering & Manufacturing*:
 - A. Hearing protection, either muffs or plugs
 - B. Eye protection, safety glasses
 - C. Pull-out devices for presses
 - D. Gloves and arm protectors when necessary
2. I agree to wear leather footwear or the equivalent to safety shoes during my working hours.
3. I agree to observe all safety rules set down by my employer concerning chemicals, materials, sanding devices grinding and all machinery.

I, _____ [name], understand and agree to all of the above conditions to employment at *Rotation Engineering & Manufacturing*.

Signature: _____ Date: _____

Drug Screening Consent

I, _____ [name], authorize physicians and staff to collect blood and/or urine for drug screening as requested by my employer or prospective employer.

I understand that the procedure employed in this process insures the integrity of the sample and is designed to comply with medical and legal requirements.

I understand that the results of this drug screening are not considered confidential and may be discussed with and/or made available to my employer or prospective employer. I further understand that the results of this testing may affect my employment status with the company, depending on the employer's or prospective employer's company policy pertaining to drug use.

Signature: _____ Date: _____