



414 S. Cherokee St.
Girard, KS 66743

(620) 724-6220
(620) 724-4653 FAX
hr@thomasmanufacturing.com

Application for Employment

If you are interested in employment with our company, please provide the following information. We will review your submission and contact you if applicable.

Full Name:		
Email:		
Position Applied For:		
Referred By:		
Date Available for Work:		

INSTRUCTIONS:

Please read carefully. Every item on this form must be answered to the best of your ability. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record at Thomas Manufacturing. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Thomas Manufacturing does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability or any other legally protected class. You may request assistance in completing this application.*

Please read the instructions and initial: I confirm I have read the statement above.

PERSONAL INFORMATION

Full Name:			
Phone:		Cellphone:	
Address:			
Box:			
State:		ZIP:	

If you are under the age of 18, state your age here:

Are you legally entitled to work in the United States? Yes No I don't know.

You will be required to comply with the U.S. Immigration regulations to prove your identity and right to work in the United States.

Social Security Number:

Record — *(If you have ever been convicted of a crime(s), explain):*

Have you ever been convicted of a moving traffic violation?

 Yes No

If YES, list any occurring within the last 3 years with details:

Have your driving privileges ever been revoked or suspended?

 Yes No

If YES, list details:

Do you currently hold a valid U.S. driving license? Please list state and license number:

Do you currently hold a valid U.S. Commercial driving license? Please list state, class and license number:

EDUCATION

High School Name & Address:

High School Graduate? Yes

 No

Highest Grade Completed:

Did you obtain a G.E.D.?

 Yes No

G.E.D. Grade Point Average:

College or University Name & Location:

College or University Name & Location:

Did you graduate from a college or university listed above? Yes No

College or university hours completed: G.P.A.:

College or University Degree:

College or University Major:

College or University Minor:

If you are now attending a college or university, what is your future graduation date?

Other Education:

Awards, Honor & Leadership Roles:

MILITARY SERVICE

Military Branch & Speciality:

Years of Military Service Served:

Military Experience:

(Indicate military experience that may be applicable to your employment at Thomas Manufacturing.)

GENERAL EMPLOYMENT INFORMATION

List the equipment with which you have experience and training.
(Examples: mills, lathes, small tools, forklift, word processor, computers, etc.)

Are you willing to relocate? (If applicable.) Yes No

Salary Expected: \$

How many hours are you available per week?

Employment Type Sought: Regular Full-Time
(Check all that apply.) Regular Part-Time
 Temporary
 Seasonal
 As-Needed

Indicate the hours between 6:00 AM and 4:40 PM you are able to work on the following days:

Monday	<input type="text"/>
Tuesday	<input type="text"/>
Wednesday	<input type="text"/>
Thursday	<input type="text"/>
Friday	<input type="text"/>

Is there, or would there ever be, any special accommodation needed that you know of to perform the job for which you are applying?

Yes No

If YES, please explain:

Are you able to perform the essential functions of the job for which you are applying, including travel, if necessary?

If NO, please indicate a reason:

EMPLOYMENT HISTORY

Employer #1 Name & Address (Most recent):	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Kind of Business:	<input type="text"/>		
Start Date:	<input type="text"/>	End Date:	<input type="text"/>
Start Salary (Specify per Hour or per Week):	\$ <input type="text"/>	Last Salary:	\$ <input type="text"/>
Job Title:	<input type="text"/>		
Supervisor:	<input type="text"/>		
Reason For Leaving:	<input type="text"/>		

(Specify if you Quit, were Laid-Off, Discharged or Retired and the reason why.)

Job Reference:

(List the person we should contact for a job reference with telephone number.)

If you do not want us to contact your former employer for a reference, tell us why not?

Employer #2 Name & Address:

Kind of Business:

Start Date:

End Date:

Start Salary (Specify per Hour or per Week): \$

Last Salary: \$

Job Title:

Supervisor:

Reason For Leaving:

(Specify if you Quit, were Laid-Off, Discharged or Retired and the reason why.)

Job Reference:

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(List the person we should contact for a job reference with telephone number.)

If you do not want us to contact your former employer for a reference, tell us why not?

Employer #3 Name & Address:

Kind of Business:

Start Date:

End Date:

Start Salary (Specify per Hour or per Week): \$

Last Salary: \$

Job Title:

Supervisor:

Reason For Leaving:

(Specify if you Quit, were Laid-Off, Discharged or Retired and the reason why.)

Job Reference:

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(List the person we should contact for a job reference with telephone number.)

If you do not want us to contact your former employer for a reference, tell us why not?

REASON FOR APPLICATION

Briefly describe why you are applying for this position.

ABOUT YOU

Please describe your strengths and talents and how our company will benefit from your work here:

CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background investigations and personal reports as deemed necessary to: (1) verify that the information I have supplied is true and accurate: (2) determine my fitness for this job, and: (3) hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that overtime work is a condition of employment.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand: (1) I am an employee at will, (2) This application is not a contract of employment with Thomas Manufacturing, (3) My employment and compensation can be terminated, with or without cause, at any time, at the option of either Thomas Manufacturing, or me. I understand that no representative of Thomas Manufacturing has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Thomas Manufacturing, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an executive officer of Thomas Manufacturing.
- V. I understand that I may be required to submit to a pre-employment and/or post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize Thomas Manufacturing, to withhold from my final pay check any monies owed to them by me (if not prohibited by law) for equipment, loans, products, services, materials or other assets in my possession not returned.
- VII. If not prohibited by law, I accept that any employment issue, complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution

Application Signature: _____

Date: _____