

HMC MACHINING TECHNOLOGIES, INC.

Application for Employment

Completed application and resume should be emailed to hr@hmcmachinetech.com or mailed to 947 Summit Ave, Niles, Ohio 44446

Date: _____

How did you hear about this job? _____

If radio, which station? _____

Please answer all questions. Resumes are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Name: _____ Position applied for: _____

Telephone number: _____ Alternate telephone number: _____

Present address: _____

_____ How long have you lived there: _____

**if less than 7 years please provide previous address and dates on the back*

Desired salary/rate: _____ Social Security #: _____

If under the age of 18, can you produce the necessary work certificate at the time of employment?

Yes No

Type of employment desired? Full-time Part-time (If part-time specify hours) _____

Are you willing to work over time? Yes No

Date on which you can start work if hired: _____

Have you previously applied for employment with HMC Machining Technologies? Yes No

Have you ever been employed by HMC Machining Technologies? Yes No If yes, please provide dates of employment and reason for separation from employment:

Regarding the next two questions: All applicants: Do not include convictions that were sealed, eradicated, erased, annulled by a court, or expunged, or convictions that resulted in referral to a diversion program.

Have you ever plead guilty or no contest to, or been convicted of *any* criminal offense other than the applicable exceptions listed above? Yes No

Have you ever been arrested for any matters for which you currently are out on bail or on your own recognizances pending trial? Yes No

CRIMINAL OFFENSES ONLY: If you answered Yes, to either of the previous two question, please provide the date(s) and explain in accordance with the instructions so that individual circumstances can be considered.

Criminal convictions or arrests will not automatically disqualify an applicant from a particular job. HMC Machining Technologies will consider the nature of the crime, its seriousness, the substantial relation to the position's functions and qualifications, the number of occurrences, the applicant's age at the time of the crime, the time elapsed since the crime, the applicant's entire work and educational history, employment references and recommendations, and the business necessity of any exclusion when required by law.

Have you ever initiated an act of violence in the workplace? Yes No

If yes, please provide the date(s) and explain so that individual circumstances can be considered. (A "Yes" answer will not necessarily disqualify you from employment.)

List all special technical skills that you feel qualify you for the job for which you are applying (For example: computer programing/language, software, equipment operation, special tools or machines, ect.)

Education:

High School (Address, City, State): _____

Course of study: _____ Graduate: Yes No

College/Business/Technical or Trade School (Address, City, State): _____

Course of study: _____ Graduate: Yes No

Number of years completed: _____ Degree/Major: _____

Honors received: _____

If applicable, list below any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, ect.: _____

Work Experience:

Please list the names of your present and/or previous employers in chronological order with present or last employer listed first. Account for all periods of time including any period of unemployment. If self-employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Employer Name: _____

Address: _____

Telephone: _____ Type of Business: _____

Supervisor's Name: _____

Dates Employed: From: _____ To: _____ Job Duties: _____

May we contact: Yes No If no, why not: _____

Wages: Starting: _____ Per _____ Final: _____ Per _____

Reason for leaving: _____

What will this employer say was the reason your employment terminated: _____

How much notice did you give when resigning (If none please describe in full detail): _____

Employer Name: _____

Address: _____

Telephone: _____ Type of Business: _____

Supervisor's Name: _____

Dates Employed: From: _____ To: _____ Job Duties: _____

May we contact: Yes No If no, why not: _____

Wages: Starting: _____ Per _____ Final: _____ Per _____

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Supervisor's Name: _____

Dates Employed: From: _____ To: _____ Job Duties: _____

May we contact: Yes No If no, why not: _____

Wages: Starting: _____ Per _____ Final: _____ Per _____

Reason for leaving: _____

What will this employer say was the reason your employment terminated: _____

How much notice did you give when resigning (If none please describe in full detail): _____

Please explain in detail any gaps in your employment history in excess of one month: _____

Have you ever been terminated or asked to resign from any job: Yes No

Has your employment ever been terminated by mutual agreement: Yes No

Have you ever been given the choice to resign rather than be terminated: Yes No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion:

References:

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name: _____ Position: _____

Company: _____

Work Relationship: _____ Telephone: _____

Name: _____ Position: _____

Company: _____

Work Relationship: _____ Telephone: _____

Please list the names of personal references (not previous employers or relatives) who know you well that we may contact.

Name: _____ Occupation: _____

Address: _____

Number of years known: _____ Telephone: _____

Name: _____ Occupation: _____

Address: _____

APPLICANT CERTIFICATION:

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that HMC Machining Technologies, Inc. (hereinafter referred to as "HMC") may now have, or may establish, a drug-free workplace and drug and/or alcohol testing program consistent with applicable federal, state, and local law. If HMC has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state and local laws. I also understand that all employees of the location, pursuant to HMC policy and federal, state and local laws, may be subject to urinalysis and/or blood screening or other medically recognized tests designated to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with HMC policies and applicable federal, state and local laws.

If employed by HMC, I understand and agree that the Company, to the extent permitted by federal, state and local law may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to) files, lockers, desks, vehicles and computers) and, in certain circumstances, my personal property.

I understand and agree that as a condition of employment and to the extent permitted by federal, state and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement, as well as an agreement to arbitrate.

I certify that all the information on this application, my resume or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation or omission of any information may result in disqualification from consideration for employment or if employed, disciplinary action, up to and including immediate dismissal.

HMC IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, HMC MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED-WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF HMC.

IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF HMC AND I UNDERSTAND THAT HMC HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize HMC or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking and to the extent permitted by federal, state or local law. I agree to complete any requisite authorization forms for the background investigation.

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge and hold harmless to the extent permitted by federal, state and local law any party delivering information to HMC or its duly authorized representative pursuant to this authorization from any liability, claims, charges or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability HMC and its representative for seeking such information and all other persons, corporations or organizations furnishing such information.

If hired by HMC, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by HMC. I also understand that HMC employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF NINETY (90) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

Applicant Signature: _____

Date: _____