

# Application For Employment

## AMERICAN SPRING WIRE CORP.

Date \_\_\_\_\_

Name Last First Initial Previous Name

Address \_\_\_\_\_ How Long?

Former Address \_\_\_\_\_ How Long?

Telephone (Include Area Code) \_\_\_\_\_ Social Security Number

Position Desired \_\_\_\_\_ Date Available For Work

Referred By (Name of Agency, Newspaper Ad, ASW Employee, etc ) \_\_\_\_\_

## AMERICAN SPRING WIRE CORP.

1775 American Way  
Kankakee, IL 60901

26300 Miles Road  
Bedford Heights, OH 44146

11020 Tanner Road  
Houston, TX 77041



An Equal Opportunity Employer  
This is a Non-smoking Workplace

Title VII of the Civil Rights Act prohibits discrimination in employment because of race, color, religion, sex or national origin. Do not include information regarding race, color, religion, sex or national origin.

- Do you have a legal right to work in this country?  Yes  No
- Have you ever been convicted of a felony (Omit traffic violations)?  Yes  No
- Are you 18 years of age or older?  Yes  No
- Have you worked or applied previously for employment at American Spring Wire Corp.?  Yes  No
- May we contact your present employer?  Yes  No
- Do you have any relatives currently working for American Spring Wire Corp.?  Yes  No

If so, who? \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Include Area Code

**Education**

SCHOOL NAME AND LOCATION	YEARS COMPLETED	COURSE OF STUDY	DIPLOMA, DEGREE CERTIFICATE
GRAMMER SCHOOL			
HIGH SCHOOL			
COLLEGE			
POST GRADUATE			
OTHER			

**Clerical Applicants:** Can you type?  Yes \_\_\_\_\_ WPM  No Can you take dictation?  Yes \_\_\_\_\_ WPM  No

List computer and software experience \_\_\_\_\_

What office machines can you operate? \_\_\_\_\_

**Factory Applicants:** List machines you operate \_\_\_\_\_

List machines you can set-up \_\_\_\_\_

Do you read blueprints?  Yes  No What kind of measuring instruments can you use?

**Military Service**

Branch \_\_\_\_\_ From (date) \_\_\_\_\_ To \_\_\_\_\_

Principal Duties \_\_\_\_\_

Military Education or Training \_\_\_\_\_

Reserve Status  Active  Inactive  None Name of Reserve Unit \_\_\_\_\_

**Work History**

Work History		LAST EMPLOYER FIRST		REASON(S) FOR LEAVING
FROM	EMPLOYER			
		SALARY		
	NO. & STREET			
		POSITION		
	CITY, STATE, ZIP			
TO		SUPERVISOR		
	DUTIES:			
FROM	EMPLOYER			
		SALARY		
	NO. & STREET			
		POSITION		
	CITY, STATE, ZIP			
TO		SUPERVISOR		
	DUTIES:			
FROM	EMPLOYER			
		SALARY		
	NO. & STREET			
		POSITION		
	CITY, STATE, ZIP			
TO		SUPERVISOR		
	DUTIES:			
FROM	EMPLOYER			
		SALARY		
	NO. & STREET			
		POSITION		
	CITY, STATE, ZIP			
TO		SUPERVISOR		
	DUTIES:			

You may account here for any time in the last ten years not covered by employment or education. \_\_\_\_\_

We expect to make inquiry of your employers regarding your work experience. If you prefer not to have us do so, please state your reasons here. \_\_\_\_\_

Starting wage or salary requirement \_\_\_\_\_

Personal References: List three personal or school references (not relatives or former employers)

NAME	ADDRESS	PHONE	OCCUPATION	Yrs. Known

**APPLICANT: READ CAREFULLY BEFORE SIGNING THIS APPLICATION FORM.  
AS AN APPLICANT YOU AGREE TO AND UNDERSTAND THE FOLLOWING:**

1. AMERICAN SPRING WIRE CORP. IS AN EQUAL OPPORTUNITY EMPLOYER. DISCRIMINATION BECAUSE OF AGE, RACE, SEX, COLOR, RELIGION, NATIONAL ORIGIN, CITIZENSHIP, DISABILITY, OR VETERAN STATUS IS PROHIBITED
2. IN ACCORDANCE WITH THE IMMIGRATION REFORM AND CONTROL ACT OF 1986, IN THE EVENT YOU ARE EMPLOYED, YOU MUST PROVIDE DOCUMENTS WHICH EVIDENCE YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. THESE DOCUMENTS OR A RECEIPT OF AN APPLICATION FOR A NECESSARY VERIFICATION DOCUMENT MUST BE PRESENTED WITHIN 21 DAYS OF HIRE. FAILURE TO PRODUCE SUCH DOCUMENTS AND ATTEST TO THEIR AUTHENTICITY WITHIN THE PRESCRIBED TIME FRAMES WILL RESULT IN IMMEDIATE TERMINATION OF EMPLOYMENT
3. A MEDICAL EXAMINATION IS REQUIRED POST OFFER, PRE-EMPLOYMENT, INCLUDING TESTING FOR ILLEGAL DRUGS AND CONTROLLED SUBSTANCES. ANY POSITIVE TEST RESULTS MAY MAKE YOU INELIGIBLE FOR EMPLOYMENT WITH AMERICAN SPRING WIRE AT THIS TIME. DRUG TESTING MAY ALSO BE REQUIRED DURING EMPLOYMENT, ACCORDING TO AMERICAN SPRING WIRE POLICY
4. THE AMERICAN SPRING WIRE OHIO FACILITY SMOKING POLICY PROHIBITS SMOKING AND THE USE OF ANY TOBACCO IN ACCORDANCE WITH SECTION 3794 OF THE OHIO REVISED CODE
5. THE COMPANY MAY CONDUCT INVESTIGATIONS, INCLUDING VERIFICATION OF PRIOR EMPLOYMENT HISTORY AND EDUCATION. BY SIGNING THIS APPLICATION, YOU AUTHORIZE THE COMPANY TO MAKE THESE INVESTIGATIONS AND YOU INDICATE YOUR AWARENESS THAT FALSE STATEMENTS OR FAILURE TO DISCLOSE INFORMATION MAY BE SUFFICIENT TO DISQUALIFY YOU FOR EMPLOYMENT OR, IF EMPLOYED, MAY RESULT IN YOUR DISMISSAL. YOU ALSO AUTHORIZE ANY OF YOUR FORMER EMPLOYERS, MEDICAL PROVIDERS, EDUCATION INSTITUTIONS, ETC. TO RELEASE INFORMATION PERTAINING TO YOU, INCLUDING DISCIPLINARY RECORDS, WITHOUT LIABILITY TO EITHER THE EMPLOYER, ORGANIZATION OR PARTY RELEASING THE INFORMATION OR TO AMERICAN SPRING WIRE. **A COPY OF THIS AUTHORIZATION SHOULD BE CONSIDERED VALID.**
6. IN THE EVENT YOU ARE EMPLOYED, YOU AGREE TO CONFORM TO THE RULES OF AMERICAN SPRING WIRE AND FURTHER UNDERSTAND THAT YOUR EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF EITHER YOU OR THE COMPANY
7. SOME PRODUCTION POSITIONS MAY REQUIRE WORKING AROUND HEAT, LIFTING OVER 40 POUNDS, BENDING AND TWISTING

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SSN \_\_\_\_\_

**FOR COMPANY USE**

THE ABOVE NAMED PERSON HAS APPLIED TO US FOR A POSITION AND HAS GIVEN YOUR NAME AS A FORMER EMPLOYER. WE WOULD APPRECIATE YOUR COMPLETING THIS FORM AND RETURNING IT IN THE ENCLOSED, SELF-ADDRESSED, STAMPED ENVELOPE, OR FAX TO THE BELOW FAX NUMBER. INFORMATION GIVEN WILL BE TREATED IN CONFIDENCE.

EMPLOYED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ POSITION: \_\_\_\_\_

	EXCELLENT	GOOD	FAIR	POOR
QUALITY				
QUANTITY				
COOPERATION				
ATTENDANCE				

WHY DID THIS PERSON LEAVE YOUR EMPLOY? \_\_\_\_\_

ELIGIBLE FOR REHIRE? \_\_\_\_\_ IF NO, WHY? \_\_\_\_\_

PLEASE FEEL FREE TO ATTACH INFORMATION YOU DEEM NECESSARY

\_\_\_\_\_  
SIGNATURE AND TITLE DATE

RETURN TO:

FAX: