

**TAYLOR FORGE ENGINEERED SYSTEMS, INC.**

**APPLICATION FOR EMPLOYMENT**

# TAYLOR FORGE ENGINEERED SYSTEMS, INC.

## APPLICATION FOR EMPLOYMENT

TAYLOR FORGE is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion or religious creed, non-job related disability or the use of a guide or support animal due to deafness, blindness or physical disability, national origin, ancestry, gender or veteran status or any other characteristic protected under Federal or State law.

This application shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

Personal Information	
Name (Last, First, Middle)	Date of Application
Have you ever worked under another name? If so, enter below:	
Present Address (Street, City, State, Zip)	Telephone Number with Area Code
Permanent Address (If same as above, enter "same")	Telephone Number with Area Code
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Overtime <input type="checkbox"/> Temporary	Date Available
Position Applying for	
Salary Requirements	

General Information		
<i>Please check yes or no:</i>	<b>Yes</b>	<b>No</b>
Have you ever filed an application with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever been employed with us before? If yes, give date: _____	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently employed?	<input type="checkbox"/>	<input type="checkbox"/>
May we contact your present employer?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/>	<input type="checkbox"/>
Can you travel if a job requires it?	<input type="checkbox"/>	<input type="checkbox"/>
If applicable, are you willing to relocate?	<input type="checkbox"/>	<input type="checkbox"/>
Are any relatives employed with us? If yes, list: _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a felony within the last five years?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please describe: _____		
<i>Note: A conviction record is not an automatic bar to employment. A conviction will be considered only in relation to specific job requirements. An applicant shall be notified if an adverse decision was based on conviction data.</i>		

Training and Skills
U.S. Military skills, experience or training related to the position applied for:
Special training, skills (such as special machinery, typing, word processing, language skills, etc.), or experiences related to the position applied for which you feel may especially qualify you for work with our company:

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EDUCATION AND HISTORY*				
Name	Location and Telephone	Course	Graduate	Degree
Elementary			Yes or No	
High School/GED				
College				
Post Graduate				

\* To be completed only if the position applied for requires a particular education level.

WORK EXPERIENCE (MOST RECENT)		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	
Description of Duties		

NEXT PREVIOUS EMPLOYER		
Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	

Description of Duties
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BUSINESS REFERENCES			
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number
Name	Company	Address	Telephone Number

**READ CAREFULLY BEFORE SIGNING BELOW**  
*(Signature required in order to be considered for employment.)*

- I understand that TAYLOR FORGE will consider any requests for accommodations of physical or mental disabilities by an otherwise qualified person at any time before or after employment begins. I understand that Taylor Forge would appreciate as much advance notice as possible regarding request for accommodation, and that documentation of the need for accommodation might be required.
- I understand that I may be required to submit to skills assessment(s) as a condition of my employment. Satisfactory completion of these assessments is required.
- I understand that a background check may be performed as a condition of employment. I authorize TAYLOR FORGE and or its agents to thoroughly request, receive and verify all statements and information contained in my application or resume. I release TAYLOR FORGE from all liability for any damages that may result from doing so. I authorize any persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to TAYLOR FORGE.
- I understand that employment is contingent upon my complying with the employment verification requirements of the Immigration Reform and Control Act.
- I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire, or if I am hired and the same is discovered thereafter, I will be separated. I understand that all information provided by me on this application or in any interview is subject to verification.
- I acknowledge that if I am employed by Taylor Forge, my employment will be at-will, that I will be required to follow all rules and regulations of Taylor Forge and that my employment may be terminated with or without cause, with or without notice, at the option of myself or Taylor Forge. No one other than the president, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed.
- I certify that I have read or have had read to me, items 1, 2, 3, 4, 5 and 6 above. I understand the contents and hereby acknowledge receipt of this information.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## TAYLOR FORGE ENGINEERED SYSTEMS, INC. NOTICE TO APPLICANT

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Please note that all applicants and employees of Taylor Forge Engineered Systems, Inc. are required to submit to and pass a drug screening test as a requirement for employment.

I hereby authorize the release of the results of the test to the designated representative of the Company and/or its designated medical representative(s).

I release the Company, its employees, management, and/or its designated medical representative(s) from any and all claims or cause of action resulting from this test and any decisions resulting therefrom.

**I hereby acknowledge that I must receive a negative result in a company requested drug screening as a requirement for employment.**

If you are willing and able to comply with this request, we ask that you acknowledge by signing below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reference Authorization Letter

Date

Company Name & Address

Re: Reference Authorization

To Whom It May Concern:

I hereby authorize you, as a former employer, to disclose to Taylor Forge Engineered Systems and its agents any and all information in your possession regarding me in connection with my application for employment.

Sincerely,

Applicant's Name

Employment Dates:        *From:* \_\_\_\_\_ *To:* \_\_\_\_\_

Position(s): \_\_\_\_\_

Rehire Status: \_\_\_\_\_

Salary: \_\_\_\_\_

Attendance Record: \_\_\_\_\_

Comments:

## APPLICANT DATA SHEET

To meet government reporting requirements, applicants are requested to answer the questions below. Please note you are not obligated to self-identify, and any information you voluntarily provide will be kept confidential in accordance with appropriate legislation. Any answers provided or refusal to self-identify will not affect any hiring decisions. When reported, the data will not identify any specific individual.

### Personal Information *(Please Print)*

Last Name		First Name		Middle Initial
Street	City	State	Zip	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Specific Job Applied for		

### Race/Ethnic Data *(Please check one box only. Do not insert additional groups)*

The following race/ethnic definitions are developed and provided by the Department of Labor.

- Hispanic or Latino**      A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - **regardless of race.**
- White**                      **(not of Hispanic or Latino origin)** Persons having origins in Europe, North Africa or the Middle East.
- Black or African American**      **(not of Hispanic or Latino origin)** Persons having origins in the black racial groups of Africa as well as Jamaica, Trinidad or the West Indies.
- Asian**                         **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaskan Native**      **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Native Hawaiian or Other Pacific Islander**      **(not of Hispanic or Latino origin)** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races**              **(not of Hispanic or Latino origin)** All persons who identify with more than one of the previous five races.
- Do not wish to identify race**                      **If you do not wish to self-identify, you must sign and date below and check the box to the left.**

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_