



EMPLOYMENT APPLICATION

OLYMPIC TOOL COMPANY

PART TIME

FULL TIME

(PRINT OR TYPE)

NAME (LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER		AREA CODE & TELEPHONE NO.	
PRESENT ADDRESS (NUMBER & STREET)			(CITY)		(STATE)	(ZIP)

POSITION APPLYING FOR

MILITARY RECORD-WHAT IS YOUR PRESENT SELECTIVE -SERVICE CLASSIFICATION:

NON-VETERAN

VETERAN

TYPE OF DISCHARGE _____

DATES OF SERVICE:

FROM _____

TO _____

LIST ALL HIGH SCHOOL, VOCATIONAL TRAINING SCHOOLS, COLLEGES, UNIVERSITIES OR GRADUATE SCHOOLS WHICH YOU HAVE ATTENDED.

NAME	DATES ATTENDED	GRADUATE	MAJOR AREA OF STUDY	DEGREE OR LICENSE
	FROM: TO:	YES NO		
	FROM: TO:	YES NO		
	FROM: TO:	YES NO		

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF A CRIME WHICH HAS NOT BEEN EXPUNGED BY THE COURT? YES ___ NO ___
 IF YES, GIVE DETAILS AND DATES OF EACH DISPOSITION IN REMARKS SECTION (A CONVICTION WILL NOT NECESSARILY PRECLUDE YOU FROM OBTAINING EMPLOYMENT UNLESS THE NATURE OF THE CONVICTION RELATES ADVERSELY TO THE POSITION SOUGHT)

MACHINES OPERATED AND/OR SPECIAL SKILLS:

LIST ANY OTHER LICENSES, CERTIFICATES OR INTERNSHIPS RELATED TO YOUR SKILL, PROFESSION OR TRADE.

TYPING: YES NO APPROX. SPEED _____

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT WITH OLYMPIC TOOL COMPANY?
 (IF YES, WHEN?) DATE:

YES

NO

REMARKS:

REMARKS:

EMPLOYMENT RECORD / BEGIN WITH PRESENT POSITION / ATTACH ADDITIONAL SHEETS OR RESUME IF APPLICABLE

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
	FINAL SALARY:	

DATES OF EMPLOYMENT:	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
FROM: _____ TO: _____		NUMBER OF HOURS PER WEEK: _____	

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
	FINAL SALARY:	

DATES OF EMPLOYMENT:	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
FROM: _____ TO: _____		NUMBER OF HOURS PER WEEK: _____	

NAME AND ADDRESS OF EMPLOYER	TITLE:	BRIEF DESCRIPTION OF DUTIES:
	FINAL SALARY:	

DATES OF EMPLOYMENT:	REASON FOR LEAVING:	FULL TIME <input type="checkbox"/>	PART TIME <input type="checkbox"/>
FROM: _____ TO: _____		NUMBER OF HOURS PER WEEK: _____	

REFERENCES: (GIVE NAMES OF THREE (3) UNRELATED PERSONS WHOM YOU HAVE KNOWN FOR MORE THAN TWO (2) YEARS.)			
NAME	ADDRESS	TELEPHONE NUMBER	POSITION

I CERTIFY THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. ANY FALSE OR MISLEADING STATEMENT WILL BE CAUSE FOR REJECTION OR REMOVAL. PLEASE TAKE NOTICE THAT THE APPLICANT IF EMPLOYED WILL NOT BE EMPLOYED AS A LATERAL TRANSFER FROM ANY OTHER POSITION. PLEASE TAKE FURTHER NOTICE THAT IN RETURN FOR BEING EMPLOYED, IF EMPLOYED, THE APPLICANT BY HIS OR HER SIGNATURE AFFIXED BELOW DOES PRESENTLY WAIVE AND GIVE UP ANY AND ALL RIGHTS AND BENEFITS HE OR SHE MIGHT OTHERWISE HAVE BEEN ENTITLED TO BY VIRTUE OF THE PROVISIONS OF NJSA 40A:9-5 AND ANY APPLICABLE STATUTES.

DATE OF APPLICATION: _____ SIGNATURE: _____