CLYDE MACHINES, INC.

1150 STATE HIGHWAY 55

PO BOX 194

GLENWOOD, MN 56334

P H : (320) 634 - 4503 F A X : (320) 634 - 4506

APPLICATION FOR EMPLOYMENT

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, or national origin. Public Law 90-202 prohibits discrimination because of age. The laws of some states prohibit some or all of the above-mentioned types of discrimination. Clyde Machines, Inc is an equal opportunity Employer.

Name:		Date:			
Last	First	Middle Initi	al		
Phone Number: ()_	Other	Other Number: ()			
Present Mailing Address:					
Street		City		State	Zip
Permanent Address(If differe	ent from above):				
Street		City		State	Zip
How many years have you liv	ved at this address?_	E-mail:			
Position(s) applied for:			_Rate of pay	v expected:	
Shift applied for (choose one	or both): 1 st (Mor	n-Fri 7:00am	-3:30pm)	2 nd (Mon-Thu	ır 3:30pm-2:00am)
Type of work desired (circle a	all that apply) F	ull-Time	Part-Time	e Tempo	orary
On what date would you be a	available for work?				
Have you ever been employe	d here before? Yes	No	If yes, gi	ve dates:	
List any employees working f	for us that you know	/:			
Are you of or over the Age o	f 18 Years? Yes	No			
Mark below categories if you	have had previous I	Experience of	r Education		
Drill Press	Pres	s Brake		Hand C	Grinder
Machining	Shea	ır		Sand Bl	asting
CNC Machine	Pune	ch Press		Powder	Coat Painting

____ CNC Laser _____ Metal Saw

____ Forklift ____ Blue Print Reading ____ Assembly

_____ Welding

Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with the Company?

Personal References

Name and Occupation	Address	Phone Number
1.		
2.		
3.		

Educational Background

High School:	
Name and location:	
Did you Graduate? Yes No	· <u></u>
College:	
Name and location:	
Course of Study:	Did you Graduate? Yes No
Graduate School:	
Name and location:	
Course of Study:	Did you Graduate? Yes No
Vocational or other training:	
Name and location:	
Course of Study:	Did you Graduate? Yes No
Continuing Education:	
Employment Experience (List most re	ecent employer first)
1. Employer:	
Address:	
Position:	Supervisor:
Dates employed: From: To:	Rate of pay: Starting: Final:
Phone number:	Reason for leaving:

2.	Employer:						
	Address:						
	Position: Supervisor:						
	Dates employed: From:	To:	Rate of pay: Starting:	Final:			
	Phone number:	Reason for leaving:					
3.	Employer:						
	Address:						
	Position: Supervisor:						
	Dates employed: From:	To:	Rate of pay: Starting:	Final:			
	Phone number:	Rea	Reason for leaving:				

Applicants may be disqualified for a particular position based on law or Employer policy because of a particular criminal history background.

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract for employment, either expressed or implied. I also understand that my employment and compensation can be terminated or changed, with or without cause and with or without notice, at any time, at either my or the company's option.

Applicant's Signature: _____ Date: _____