

# ST. MARYS FOUNDRY, LTD.

## EMPLOYMENT APPLICATION

St. Marys Foundry, LTD. is an Equal Opportunity (EO) and Americans with Disabilities Act (ADA) Employer

### PERSONAL INFORMATION

|   |        |                          |           |                          |  |                          |                          |                          |                          |                          |                          |
|---|--------|--------------------------|-----------|--------------------------|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Last Name   |        |                          | First     |                          |  | M.I.                     |                          | Date                     |                          |                          |                          |
| Current Address   |        |                          |           |                          |  | Apartment/Unit #         |                          |                          |                          |                          |                          |
| City  |        |                          |           | State                    |  |                          | ZIP                      |                          |                          |                          |                          |
| Phone   |        |                          |           | E-mail Address           |  |                          |                          |                          |                          |                          |                          |
| Date Available  |        |                          |           | Desired Pay Rate         |  |                          |                          | PART TIME                | <input type="checkbox"/> | FULL TIME                | <input type="checkbox"/> |
| Position Applied for  |        |                          |           | Shift Applied for        |  |                          |                          |                          |                          |                          |                          |
| Are you a citizen of the United States?   | YES    | <input type="checkbox"/> | NO        | <input type="checkbox"/> | If no, are you authorized to work in the U.S.?   | YES                      | <input type="checkbox"/> | NO                       | <input type="checkbox"/> |                          |                          |
| Are you over the age of 18 or have a work permit?   | YES    | <input type="checkbox"/> | NO        | <input type="checkbox"/> | If you have a visa or work permit, list their status and expiration date:                        |                          |                          |                          |                          |                          |                          |
| Have you ever worked for this company?  | YES    | <input type="checkbox"/> | NO        | <input type="checkbox"/> | If so, when?   |                          |                          |                          |                          |                          |                          |
| Have you ever been convicted of a crime?  | YES    | <input type="checkbox"/> | NO        | <input type="checkbox"/> | If yes, explain:   |                          |                          |                          |                          |                          |                          |
| Are you related to anyone whom is currently employed with our Company or an affiliated company? (Name and Service Company)        |        |                          |           |                          |  |                          |                          |                          |                          |                          |                          |
| Do you have a friend or acquaintance whom you know is employed with our Company or affiliated company? (Name and Service Company) |        |                          |           |                          |  |                          |                          |                          |                          |                          |                          |
| How did you hear about our Company?   | Radio  | <input type="checkbox"/> | Billboard | <input type="checkbox"/> | Company Website  | <input type="checkbox"/> | Unemployment Office      | <input type="checkbox"/> | Newspaper                | <input type="checkbox"/> |                          |
|   | Friend | <input type="checkbox"/> | Walk-In   | <input type="checkbox"/> | Employment Finder Website  | <input type="checkbox"/> | Which one?               |                          |                          |                          |                          |
| Can we contact you via text?  | YES    | <input type="checkbox"/> | NO        | <input type="checkbox"/> | If selecting yes, we may contact you via our text system 419-718-0180 to schedule your interview |                          |                          |                          |                          |                          |                          |

### EDUCATION

|                |  |    |         |                   |     |                          |    |                          |        |  |
|----------------|--|----|---------|-------------------|-----|--------------------------|----|--------------------------|--------|--|
| High School    |  |    | Address |                   |     |                          |    |                          |        |  |
| From           |  | To |         | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree |  |
| College        |  |    | Address |                   |     |                          |    |                          |        |  |
| From           |  | To |         | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree |  |
| Trade School   |  |    | Address |                   |     |                          |    |                          |        |  |
| From           |  | To |         | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree |  |
| Other          |  |    | Address |                   |     |                          |    |                          |        |  |
| From           |  | To |         | Did you graduate? | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> | Degree |  |
| Other Training |  |    |         |                   |     |                          |    |                          |        |  |

### REFERENCES

Please list three professional references.

|           |  |  |  |              |  |  |  |  |  |  |
|-----------|--|--|--|--------------|--|--|--|--|--|--|
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |
| Full Name |  |  |  | Relationship |  |  |  |  |  |  |
| Company   |  |  |  | Phone        |  |  |  |  |  |  |

### MILITARY SERVICE

|                   |  |  |  |      |  |    |  |
|-------------------|--|--|--|------|--|----|--|
| Branch            |  |  |  | From |  | To |  |
| Rank at Discharge |  |  |  |      |  |    |  |
|                   |  |  |  |      |  |    |  |

St. Marys Foundry, LTD. is an Equal Opportunity Employer.

It is Company policy not to discriminate on any legally protected basis, which includes not discriminating against qualified individuals with disabilities in regard to application procedures, hiring, advancement, discharge, compensation, training, or other terms, conditions, and privileges of employment. It is the policy of the Company to comply with all Federal, state, and local laws concerning the employment of person with disabilities. If you need assistance in completing this General Employment Application due to a disability, please contact the Human Resources department at 419-394-3346.

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### PREVIOUS EMPLOYMENT

|  |              |                              |                             |
|--|--------------|------------------------------|-----------------------------|
| Company  | Phone        |                              |                             |
| Address  | Supervisor   |                              |                             |
| Job Title  | Starting Pay | \$                           | Ending Pay \$               |
| Responsibilities   |              |                              |                             |
| From   | To           | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference? |              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company  | Phone        |                              |                             |
| Address  | Supervisor   |                              |                             |
| Job Title  | Starting Pay | \$                           | Ending Pay \$               |
| Responsibilities   |              |                              |                             |
| From   | To           | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference? |              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Company  | Phone        |                              |                             |
| Address  | Supervisor   |                              |                             |
| Job Title  | Starting Pay | \$                           | Ending Pay \$               |
| Responsibilities   |              |                              |                             |
| From   | To           | Reason for Leaving           |                             |
| May we contact your previous supervisor for a reference? |              | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

### CERTIFICATIONS AND ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that false statements, omissions or misrepresentations given herein or during the interview process may result in my disqualification for or removal from a position with the Company.

I authorize investigation of all statements contained in this application for employment as may be helpful in arriving at an employment decision.

This application for employment shall be considered active for a time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time should later inquire as to whether applications are then being accepted.

I certify that I am not subject to and did not sign with my former employer(s) any agreement containing a non-compete, non-solicitation or other form of restriction on my work activities that is currently in effect.

I understand that discharge may follow for my failure to fully disclose to the Company any agreement or document from a prior or other employer containing a non-compete, non-solicitation, or any other restriction on my activities.

I hereby understand and acknowledge that should I be employed by Company, such employment is "at will" and either I or the Company may terminate employment at any time, with or without cause. It is further understood that there will be no contract of employment regardless of any written or verbal statement(s) or other conduct by a supervisor or manager, except and unless such obligation(s) is(are) explicitly set out in a written contract and signed by both myself and the President of the Company

I also agree that in the event I am employed by Company, should I be advanced pay, vacation time, other compensation or benefits beyond what I am entitled to, if I have expense or other money beyond what I reasonably spent on behalf of Company, if I have not returned Company property (or other property entrusted to me), or if I am otherwise indebted to Company, this money may be deducted from any final paycheck I receive upon conclusion of my employment; or, during my continued employment.

**READ CAREFULLY BEFORE SIGNING:**

I agree that any claim or lawsuit relating to my service with the Company, or the termination thereof, must be filed no more than 180 days from the date when the conduct that gave rise to such claim occurred. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 days, I agree to be bound by the 180-day period of limitations and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

*I have read and understand the above statements and conditions of employment.*

Signature

Date

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