

Name: _____

Date: _____



P. O Box 330
1400 W. Main St.
Neodesha, KS 66757
620.325.2673
www.m-e-c.com

We welcome the opportunity to consider your application for employment with M-E-C Company. M-E-C Company is committed to providing an equal employment opportunity. It is our policy to comply with all applicable laws, regulations, and executive orders concerning equal opportunity and nondiscrimination. Employment is based on qualifications and performance regardless of race, religion, color, age, gender, national origin, military status, the presence of a disability, or other legally protected status.

Equal access to programs, services, and employment is available to all persons. If you need help filling out this application at any phase of the employment process, please notify the person that provided you this form and every effort will be made to reasonably accommodate your needs.

Please provide complete answers to all questions included in the application to assist us in adequately matching your background with your job requirements and objectively measuring your qualifications. If a question does not apply to your situation, insert "NA." Do not provide any unrequested information, doing so will cause your application to be automatically rejected.

We encourage you to ask any questions you feel would help you make the best decision for your employment and future.

CONFIDENTIAL

Application for Employment

LAST	FIRST	MIDDLE INITIAL	FORMER LAST NAME (S)	
SSN	PHONE	DATE AVAILABLE FOR EMPLOYMENT		
PRESENT ADDRESS STREET		CITY	STATE/ZIP	FROM (MO & YR)
PRIOR ADDRESS STREET		CITY	STATE/ZIP	FROM (MO & YR)
U.S. CITIZEN Yes <input type="checkbox"/> No <input type="checkbox"/>	AUTHORIZED ALIEN Yes <input type="checkbox"/> No <input type="checkbox"/>	IF U.S., VISA TYPE & DATE		
Friends or relatives employed by M-E-C Company: NAME & RELATIONSHIP				
I have previously: <input type="checkbox"/> Applied for employment with M-E-C Company <input type="checkbox"/> Been employed by M-E-C from Date ____/____/____ ____/____/____ to ____/____/____				
Are you at least 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Educational Background		
Names & locations of High Schools, Colleges & Special Programs	Major Course	Degree Earned
High School		
1.		
2.		
3.		

Application for Employment

Check below the office or factory machines that you have operated.

CDL Class A Drivers License <input type="checkbox"/>	Lift Truck <input type="checkbox"/>	Trucks/Tractor/Trailer <input type="checkbox"/>	Portable Crane <input type="checkbox"/>
Mig Welding <input type="checkbox"/>	Intershield (Flux Cored Welding) <input type="checkbox"/>	Submerged Arc Welding <input type="checkbox"/>	Art (stick) Welding <input type="checkbox"/>
Turret Lathe <input type="checkbox"/>	Vertical Turret Lathe <input type="checkbox"/>	Auto CAD Drafting <input type="checkbox"/>	3D Drawing <input type="checkbox"/>
Air Arc Cutting <input type="checkbox"/>	Plasma Cutting <input type="checkbox"/>	Shears <input type="checkbox"/>	Spray Painter <input type="checkbox"/>
Horizontal Boring Mill <input type="checkbox"/>	Press Brake <input type="checkbox"/>	Plate Rolls <input type="checkbox"/>	Milling Machine <input type="checkbox"/>
Typing <input type="checkbox"/> _____ wpm	Computer Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/>	Other Skills: _____	

Do you: Read Prints <input type="checkbox"/>	Do you have the basic tools of your trade? Yes <input type="checkbox"/> No <input type="checkbox"/>
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List positions held within the last 10 years. Please start with your present or most recent position. If additional space is needed, use back of application.

COMPANY & ADDRESS	FROM _/_/___	TO _/_/___	WAGE	NAME OF SUPERVISOR
POSITION	REASON FOR LEAVING			
COMPANY & ADDRESS	FROM _/_/___	TO _/_/___	WAGE	NAME OF SUPERVISOR
POSITION	REASON FOR LEAVING			
COMPANY & ADDRESS	FROM _/_/___	TO _/_/___	WAGE	NAME OF SUPERVISOR
POSITION	REASON FOR LEAVING			
COMPANY & ADDRESS	FROM _/_/___	TO _/_/___	WAGE	NAME OF SUPERVISOR
POSITION	REASON FOR LEAVING			

Employment interest or position desired 1.) _____ 2.) _____	Salary Requirement \$ _____
Professional licenses/certificates and special skills	Willing to relocate Yes <input type="checkbox"/> No <input type="checkbox"/>

Application for Employment

Please read the following carefully before signing this application form:

I certify that all information I have provided in order to apply for and secure employment with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from former employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, and I release the employer and such other entities and individuals from any liability for any damages whatsoever that may result from their so doing. I also authorize former employers, public agencies, licensing authorities and educational institutions to release any and all information concerning my background, previous employment, education or other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from any liability for any damages whatsoever that may result from their furnishing such information.

I understand that this application remains current for six (6) months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will necessary to reapply and fill out a new application. If I am employed, I understand that my employment will be at-will, and the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's Human Resources representative.

I understand that after an offer of employment, and prior to reporting to work, I may be required to submit to a medical review. Depending on company policy and the needs of the assigned job, I may be required to complete a medical history form and may be required to be examined by a medical professional designated by the employer.

I also understand that the illegal use of drugs is prohibited during employment. Employment is subject to a successful test for the use of illegal drugs, and I hereby consent to such a test.

Signature _____

Date _____