

ADVANCE DIE CAST LLC

EMPLOYMENT APPLICATION An Equal Opportunity Employer

Equal access to employment, programs, and services is available to all applicants. If you require reasonable accommodation in the application and/or interview process, please notify a representative of Advance Die Cast LLC (ADC).

It is the intent of ADC to comply with all state and federal requirements and to operate within the law in the implementation of all facets of Equal Employment Opportunity. In the recruitment, selection, training, promotion, termination or any other personnel action, we do not discriminate on the basis of sex (including pregnancy and childbirth), color, ancestry, national origin, disability, marital status, race, creed (religion), age (40 or over), sexual orientation, military service, arrest or conviction record, genetic testing, use of lawful products off ADC's premises, or any other unlawful discriminatory basis, to the extent prohibited by state or federal law. Do not include information of that nature in the application.

It is the intention of ADC that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Last Name:		First Name:		Middle Initial:
Street Address:		City:	State:	Zip Code:
Phone:		Email:	Are you legally authorized to work in the U.S.? YES () NO ()	
Position applying for:		Shift Available for Work: 1 st () 2 nd () 3 rd () Any ()		Salary Desired:
Are you at least 18 years old? Yes ___ No ___		If position requires vehicle operation, do you have a valid driver's license? YES () NO () Number: _____		
How did you hear about ADC?			Date you are available for work:	
Have you ever been convicted of a felony? YES () NO ()				
Do you have any pending criminal charges against you? YES () NO () If Yes to either question please explain:				
<i>Information used only if relevant to position(s) you are applying for.</i>				

Education	School Name	Address	Graduated	Years Completed
High School			YES () NO ()	
College			YES () NO ()	
Vocational			YES () NO ()	
Other			YES () NO ()	

EMPLOYMENT HISTORY (Please list most recent first)				
Company Name:	Phone Number: ()	City:	State:	From: To:
Job Title:	Immediate Supervisor:		Pay Rate:	
Reason for Leaving:				
Your Position and Duties:				

EMPLOYMENT HISTORY CONTINUED (start with current or most recent)

Company Name:	Phone Number: ()	City:	State:	From:	To:
Job Title:	Immediate Supervisor:		Pay Rate:		
Reason for Leaving:					
Your Position and Duties: _____					
Company Name:	Phone Number: ()	City:	State:	From:	To:
Job Title:	Immediate Supervisor:		Pay Rate:		
Reason for Leaving:					
Your Position and Duties: _____					
Company Name:	Phone Number: ()	City:	State:	From:	To:
Job Title:	Immediate Supervisor:		Pay Rate:		
Reason for Leaving:					
Your Position and Duties: _____					

Please read the paragraphs below. If you agree to the conditions contained in the paragraphs, sign on the signature line at the bottom of this page.

STATEMENT OF DISCLOSURE: I attest that the information provided by me in this application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions will lead to immediate dismissal. I agree that ADC will not be held liable in any respect if my employment is terminated for that reason. I understand and agree that if hired, my employment will not be for any fixed period of time and may be terminated at any time without prior notice and without cause. I also understand that any offer of employment may be conditioned on the results of a physical examination and/or drug test. I understand that this application will remain "active" for 30 days and if I want to be considered for employment beyond that time I must advise an ADC representative.

DRUG SCREENING: I agree to submit to medical testing for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription as required by ADC's drug/alcohol policy. I understand that ADC requires a post-offer pre-employment drug test and a drug/alcohol test whenever an employee is suspected of being under the influence of drugs or alcohol at work, or following an on-the-job accident or injury. ADC's policy and this authorization and consent are in a language I understand and I understand that if I have questions I should ask a representative of ADC prior to signing below. I will hold all parties concerned harmless for any alleged harm to me as a result of not submitting to the testing or the results of the testing. This includes, but is not limited to, possible clerical or laboratory error.

REFERENCE RELEASE: I authorize ADC to investigate my character, qualifications, past employment, education, and activities. I release from all liability, any person, company, corporation, school, or government agency supplying such information. I understand that the employment information may include, but is not limited to, performance evaluations and reports, attendance records, job descriptions, disciplinary actions and opinions regarding my suitability for employment. I recognize that a copy of this authorization and release is as valid as the original. This policy and authorization is in a language I understand, and I understand that if I have questions I should ask an ADC representative before signing below.

Signature

____/____/____