



M.D. STAINLESS SERVICES, INC

Employment Application Form

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

Please mail completed application to:
8241 Phlox Street, Downey CA 90241
or email application to: apply@mdstainless.com

OFFICE USE ONLY:
Date received:
Reviewed by:

PLEASE COMPLETE ALL PAGES 1-6

DATE _____

Name _____
Last First Middle Maiden

Present address _____
Number Street City State Zip

How long at current address? _____ Social Security No. _____ - _____ - _____

Telephone () _____ Cell Phone # () _____ Best time to contact you? _____

Are you under age 18 ___ YES ___ NO, if "YES", can you provide proof of your eligibility to work? ___ YES ___ NO

Are you currently authorized to work in the United States? ___ YES ___ NO. Proof of eligibility will be required if hired.

Position applied for (1) _____ How many hours can you work weekly? _____

and wage desired (2) _____ Are you available to work weekends? _____

(Be specific) _____ Would you be available to work overtime if necessary? _____

Have you ever applied or worked for MD STAINLESS before? ___ YES ___ NO. If yes, when? _____

Do you have any friends or relatives working for MD STAINLESS? ___ YES ___ NO.

If yes, please state names and relationship _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

If hired, would you have reliable means of transportation to work? _____

NOTE: We comply with ADA and consider reasonable accommodation measures that may be necessary for eligible applications/employees to perform essential functions. Hire may be subject to passing a medical examination, and skill and agility tests.)

REFERENCES: Please list two references other than relatives that have knowledge of your work performance within the last three years.

Name _____

Name _____

Occupation _____

Position _____

Company _____

Company _____

Address _____

Address _____

Telephone () _____

Telephone () _____



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EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:

Please use this space to elaborate on any background, experience, or qualifications that you believe should be considered in evaluating your qualifications for employment. You may include hobbies, volunteer experience and any other activities you believe relevant. Please omit any information that would disclose your race, gender, age, marital status, ethnic origin, religious or political affiliations, or disability.

MILITARY

Have you obtained any special skills or abilities as the result of service in the military? ____ YES ____ NO. If so, please describe:



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Work Experience

Please list your work experience for the **past five years** beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary. You must complete this section even if attaching a resume.**

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
	Your Last Job Title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer for a reference? <input type="checkbox"/> YES <input type="checkbox"/> NO			



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WORK EXPERIENCE CONTINUED

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact this employer for a reference? ____ YES ____ NO			

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary
		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Note to application: **Do not answer this questions unless you have been informed about the requirements of the job for which you are applying.**

Are you able to perform the essential functions of the job for which you have applied, either with or without reasonable accommodations?
 ____ Yes ____ No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe:



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Please provide answers to the following questions:	Yes	No
1. Have you done any kind of services in the Food/Beverage or Pharmaceutical Industry?		
2. Have you ever Purg-Weld Stainless Steel Tubing?		
3. Can you read a tape measure?		
4. Have you every worked with sheet metal?		
5. Do you have your own transportation?		
6. Are you willing to work overtime?		
7. Can you read blueprints?		
8. Can you work from shop sketches?		
9. Do you work well with others?		
10. What is $\frac{1}{2}$ of $\frac{9}{16}$?		
11. What are your best skills?		



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PLEASE READ CAREFULLY

APPLICANT'S STATEMENT

As indication that you have read and understood each sentence, please initial each paragraph and sign below.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect
 Initials my chances of employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize MD STAINLESS to thoroughly investigate my references, work record,
 Initials education and other matters related to my suitability for employment and further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application or conveyed during any interview which may
 Initials be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the company and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the MD STAINLESS designated representative.

_____ Should a search of public records (including records documenting an arrest, indictment, conviction,
 Initials civil judicial action, tax lien or outstanding judgment) be conducted by internal personnel employed by MD STAINLESS. I am entitled to copies of any such public records obtained by MD STAINLESS unless I mark the check box below. If I am not hired as a result of such information, I am entitled to a copy of such records even though I have checked the box below.

I waive receipt of a copy of any public record described in the paragraph above.

Signature of applicant _____ Date: _____

MD STAINLESS SERVICES is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with MD STAINLESS SERVICES depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.