

Application For Employment



75 Basin Run Road
Drifting, PA 16834
Phone: (814)345-6690

Email: employment@cuttingedgemachining.com

An Equal Opportunity Employer

Date: _____

Personal Information

Name			
(First)	(Middle)	(Last)	
Address			
(Street)	(City)	(State)	(Zip Code)
Phone Number ()	How did you hear about us?		

Employment Desired

Position	When can you start?	Salary Desired?
Employment Status <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed	If employed, may we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied to Cutting Edge Machining Solutions, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If applied previously, when?	

Education

	Years Attended	Did You Graduate?	Subjects Studied
High School			
College			
Trade, Business, or Correspondence School			

General Information

Subjects of special study, research work, or special training/skills

Employment History *(Please list your last 4 employers, starting with the most recent one first)*

(1)				
(Employer's Name)	(Address)	(Phone Number)	(Start Date)	(End Date)
(Position)		(Reason For Leaving)		
(2)				
(Employer's Name)	(Address)	(Phone Number)	(Start Date)	(End Date)
(Position)		(Reason For Leaving)		
(3)				
(Employer's Name)	(Address)	(Phone Number)	(Start Date)	(End Date)
(Position)		(Reason For Leaving)		
(4)				
(Employer's Name)	(Address)	(Phone Number)	(Start Date)	(End Date)
(Position)		(Reason For Leaving)		

References *(Please list 3 people not related to you, whom you have known for at least one year)*

(1)				
(Name)	(Address)	(Business)	(Phone Number)	(Years Known)
(2)				
(Name)	(Address)	(Business)	(Phone Number)	(Years Known)
(3)				
(Name)	(Address)	(Business)	(Phone Number)	(Years Known)

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Signature of Applicant _____

Date _____

4/3/2020