

Millcreek Manufacturing Employment Application

PLEASE PRINT OR TYPE ALL INFORMATION

LAST NAME	FIRST NAME		MIDDLE NAME				
ADDI IGATION FOR DOCUMENTO OF	TOD IVIS DATE						
APPLICATION FOR POSITION OF:	TODAY'S DATE			DATE AVAILABLE			
PHONE NUMBER – Include Area Code				<u>. </u>			
EMAIL ADDRESS							
PRESENT ADDRESS – Street, City, State & Zip Code:				PRODUCTION HOURS ARE M-F, 6 AM - 4:45 PM, AND OFFICE HOURS ARE M-F, 8 AM - 4:45 PM. ARE YOU AVAILABLE TO WORK THE HOURS THAT PERTAIN TO			
MAILING ADDRESS – If Different From Above:				THE POSITION FOR WHICH YOU ARE APPLYING? YES NO			
PROVIDE ANY DIFFERENT NAMES YOU HAVE UTILIZED S	SINCE AGE 18.						
Do You Have A Reliable Source Of Transportation To And From Work? Do You Have A Valid Drivers License? (Applicable only for certain positions) Are You At Least 18 Years Of Age? Are You Legally Eligible To Work in the United States?							
EDUCATION & TRAINING							
Circle Highest Grade Or Year Completed In School 1 2 3 4 5 6 7 8 9 10 11 12	DIPLOMA O	VE A HIGH SCHOOL R A GED EQUIVALENCY?		LOCATION OF HIGH SCHOOL			
TRAINING BEYOND HIGH SCHOOL (College, University or O	Ther Schools)	10					
SCHOOL NAME & LOCATION	dier genoois)	NUMBER OF YEARS ATTENDED	CREDITS EARNED	MAJOR FIELD	GPA / BASIS	DEGREE EARNED	
DESCRIBE ANY OTHER EDUCATION OR TRAINING WHICH YOU FEEL IS RELEVANT TO THE JOB(S) FOR WHICH YOU ARE APPLYING. ALSO INCLUDE RELEVANT LICENSES & CERTIFICATIONS. BE SPECIFIC.							
The essential functions of most production jobs frequently, stand and/or walk long periods of tir functions may be applicable to the position for above functions with reasonable accommodation. Answering "NO" to this inquiry is not an autom facets of the American with Disabilities Act (ar	me, some lado which you are on? natic bar to en	der climbing, and wo e applying, can you p apployment. Millcree	rk in possible erform all of t	extreme tempera the above function	tures. To the exns or perform all	tent the se I of the S NO	
,	• 11	ible state laws).					
If you answered yes to either criminal background inquiries above, provide the date and county of the pending charge or conviction, the							
type of charge or conviction, and an explanation							
Prior Military Service YES NO Branch: Rank at Discharge: Were you Honorably Discharged? YES If no, explain:	Years:						

WORK EXPERIENCE: Provide a complete des changes in job title with the same employer as a		obs. Be specific. Start with your m	ost recent job. For part-time work, show the average	e number of hours per week. In	ndicate any		
Employer Type		Type Of Business	Location (Street Address, City, State, Zip Code)				
Job Title	Reason For l	Leaving					
Name of Supervisor	1		Length of Employment		Full Time Part Time		
Job Duties			From (Month & Year)	To (Month & Year)			
		Beginning Pay \$ Ending Pay \$					
Employer		Type Of Business	Location (Street Address, City, State, Zip Code)				
Job Title	Reason For l	Leaving					
Name of Supervisor	1		Length of Employment		☐ Full Time ☐ Part Time		
Job Duties			From (Month & Year)	To (Month & Year)			
			Beginning Pay \$ Ending Pay \$				
Employer		Type Of Business	Location (Street Address, City, State, Zip Code)				
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			Beginning Pay \$ Ending Pay \$				
Employer		Type Of Business	Location (Street Address, City, State, Zip Code)				
Job Title	Reason For l	Leaving					
Name of Supervisor		Length of Employment		☐ Full Time ☐ Part Time			
Job Duties			From (Month & Year)	To (Month & Year)			
			Beginning Pay \$ Ending Pay \$				
MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? YES NO FORMER EMPLOYER? YES NO							
HAVE YOU WORKED FOR MILLCREEK BEFORE? YES NO What Years?							
HAVE YOU EVER DONE ANY VOLUNTEER WORK? ? YES NO IF YES, DESCRIBE:							
REFERENCES (List three other than former employers or relatives.)							
NAME		ADDRESS	PHONE				
NAME ADDRESS			PHONE				
NAME ADDRESS			PHONE				

BY MY SIGNATURE BELOW, I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION, OR OMISSION OF FACTS ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

It is the policy of Millcreek Manufacturing to afford equal opportunity to all employees and applicants for employment without regard to age, race, religion, color, sex, national origin, marital status, sexual orientation, or pregnancy, and to afford equal opportunities to disabled veterans, individuals with a disability, and any and other characteristic protected by federal, state, or local law.

I authorize the investigation of all statements and information contained in this application. I release from all liability anyone supplying such information, and I also release Millcreek Manufacturing from all liability that might result from making an investigation.

I acknowledge that I have read and understand the above statements and hereby grant permission to confirm the information supplied on this application by me.

APPLICANT SIGNATURE				Date:		
HOW DID YOU LEARN OF OUR JOB OPENINGS?	□WORD OF MOUTH □ONLINE JOB SITE □AD	OTHER				