

APPLICATION PACKAGE TRAINEE/C LEVEL CNC OPERATOR

To apply for this position

- 1. Print application package.
- 2. Fill out job application completely.
- 3. Send completed Job Application, Resume and Salary History to Human Resources:

Fax: (605) 886-2489 Email: tarac@tcdcinc.com

	JOB POSTING
Position Title:	Trainee/C Level - CNC Operator
Location:	Watertown, South Dakota
Hours:	1st and 2 nd Shifts available; overtime as needed or required

Position Summary:

Secondary operations include drilling, tapping, reaming, broaching, vibrating, tumbling, degreasing, sanding, polishing, wire brushing, or other secondary operations. Visually checks castings during machine operation and maintains a constant flow of castings through the machine. May also take measurements to ensure conformance to specification and may pack. Operates a trim press for removing die casting gates and runners and visually inspects castings. May also be required to hand grind, file or buff die castings; position die castings for secondary operations. Additionally, some assembly operations may be required. Operates computerized lathes and machining centers. Performs a variety of procedures including boring, milling, turning, etc. Inspects for quality using a coordinate measuring machine and applying problem solving skills. Performs tool offsets using computerized equipment. Work from blueprints and machine programming language and the axis system.

Areas of Responsibility:

- Measure dimensions of finished work pieces to ensure conformance to specifications, using precision measuring instruments, templates, and fixtures.
- Listen to machines during operation in order to detect sounds such as those made by dull cutting tools or excessive vibration and notify appropriate personnel.
- Stop machines to remove finished work pieces, or to change tooling, setup, or work piece placement, according to required machining sequences.
- Lift work pieces to machines manually, or with hoists or cranes.
- Insert control instructions into machine control units to start operation.
- Responsible for knowing and following all environmental, health and safety rules, policies, and procedures for
 work area and takes responsibility to assure that personal work activity is conducted in such a way so as to
 not affect the safety of themselves or others.

All other duties as assigned. At the C level of operation, an operator should be able to:

- Operate with limited supervision
- Sign off on routers
- Initiate Reject/Hold tags for suspect material
- Inspect product using basic measurement type equipment identified on the inspection sheet and complete forms as required with limited supervision

Minimum Experience and Education Preferred:

Requires a highschool diploma or equivalent and may require some vocational training or job-related course work.

Competencies

- Reliability/Dependability ~ Definition: Demonstrates a high level of dependability in all aspects of the job.
- **Ability to learn quickly** ~ Definition: Ability to learn and properly apply new job-related information in a timely manner.
- Basic Math and Measurement ~ Definition: Ability to perform basic measurement and basic math tasks.

- Basic Communication Skills ~ Definition: Basic ability to read, to write and to comprehend verbal
 instructions in English including safety, work instruction, LMS training, etc. Basic ability to verbally
 communicate in English.
- Ability to follow work instructions ~ Definition: Ability to read, understand and follow work written work
 instructions and procedures.
- Initiative/Self Motivated ~ Definition: Acts without being directed. Proactively follows through on work activities and goals to capitalize or resolve them. Has personal desire to improve or enhance processes, avoid problems, and/or develop opportunities.
- Planning & Organization~ Definition: Effectively managing one's time and resources to ensure that work is completed efficiently. Ensures that regular, consistent communication takes place within area of responsibility.
- **Equipment Operation** ~ Definition: Knowledge of appropriate procedures for using, and ability to use specific equipment or machines to meet defined quality and quantity standards.

Core Competencies

- Safety Oriented ~ Definition: Performs jobs in a manner that minimizes hazards to self, others and the environment. Maintains a physical work environment that contributes to the well-being of others. Being aware of conditions or circumstances that affect one's own safety or the safety of others.
- Quality Oriented ~ Definition: Produces results or provides service that meets or exceeds set standards.
 Monitors and checks work to meet quality standards; demonstrates a high level of care and thoroughness; checks work to ensure completeness and accuracy.
- Integrity ~ Definition: Demonstrates responsibility for the image of TCDC.
- **Productivity Focused** ~ Definition: Makes effective use of all equipment and tools available to maintain high productive output without sacrificing quality
- **Customer Focused** ~ Definition: Builds and maintains internal and external customer satisfaction with the products and services offered by the organization.
- Accountability ~ Definition: Sets high standards of performance for self and others; assuming responsibility
 and accountability for successfully completing assignments or tasks; self-imposing standards of excellence
 rather than having standards imposed.
- **Continuous Improvement** ~ Definition: Continuously looks for opportunities to refine and improve process, systems, products, etc.

Complete the Attached Job Application and submit to Human Resources as instructed at the top of this Job Posting.

** TCDC maintains a drug-free workplace and requires pre-employment testing including a physical. **

** Twin City Die Castings Company is an Equal Employment Opportunity / Affirmative Action Employer. **

TCDC is committed to providing equal employment opportunity to all job seekers according to all applicable equal opportunity and affirmative action laws and regulations. If you are a qualified individual with a disability, a disabled veteran, or an individual that has other barriers that limit your ability to access our on-line application system, please contact Candace Larson, Corporate Human Resources Manager at (651) 287-3981 or candacel@tcdcinc.com to discuss alternative ways to apply for open positions.



APPLICATION FOR EMPLOYMENT

1070 SE 33rd Avenue | 122 Cessna St. NW Minneapolis, MN 55414 | Watertown, SD 57201

520 Chelsea Road Monticello, MN 55362

First Name

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Please print clearly and complete each section fully to assure the appropriate information is available for our consideration. To receive ppropriate consideration, please identify the position you are interested in on the line at the right side of this application. Your pplication must be completed and signed on the bottom to receive consideration. If you have a question about filling out this pplication, please ask.	Date
	_
EQUAL EMPLOYMENT OPPORTUNITY	
CDC provides a fair and equal employment opportunity for all job applicants regardless of race, color, religion, national origin, gender, exual orientation, age, marital states or disability. TCDC hires individuals solely on the basis of their qualifications for the job to be filled.	_
DRUG/ALCOHOL TESTING	
is the policy of Twin City Die Castings Co. to conduct business in a drug/alcohol free environment. Before TCDC extends a formal offer of mployment to an applicant, the applicant must provide evidence of a negative drug screen. In the event of a positive test result, the ompany will withdraw the job offer.	
 Applicant / Employer Rights Right of refusal – Any applicant may refuse the drug/alcohol-screening test. Such a refusal will result in any job offer being withdrawn by Twin City Die Casting Company Right to retest – Any applicant testing positive may request to: Explain or rebut a positive result on a confirmatory test. Have the original sample retested at the applicant's expense. If the confirmatory test results in a negative finding the applicant will be deemed eligible for hiring. 	Specific Position Applied For
Confidentiality The Company will maintain the confidentiality of drug and alcohol testing results, as well as other information obtained during the administration of its drug and alcohol policy. Such information will only be released to those individuals with a need to know.	Applie
ly signature below is an indication that I have read this information, and that I consent to being tested for drugs as part of the	d F
re-employment physical as a condition of my employment.]
	0 r
re-employment physical as a condition of my employment. SignatureDate/_/	0 r
re-employment physical as a condition of my employment.	0r
Signature	or
APPLICANT'S STATEMENT understand Twin City Die Castings Company will thoroughly investigate my work and personal history and verify data given on this pplication, on related papers and in interviews. I authorize the companies, educational institutions and/or persons named by me in this pplication to give any information they have regarding me, whether or not it is in their records, to Twin City Die Castings Company. I elease said companies, educational institutions, and/or persons from any liability whatsoever for furnishing this information. I further agree or release Twin City Die Castings Company from any liability whatsoever that may arise from relying on information by these companies, ducational institutions and/or persons. promise that all of the information submitted by me on this Application for Employment is true and correct. I understand and agree that hould any information supplied by me on the application or other Company records be found at any time to be untruthful, or if I am found to have omitted any matter from this or other Company records, I may, without recourse, be refused employment or immediately	01 <u>"</u>
APPLICANT'S STATEMENT understand Twin City Die Castings Company will thoroughly investigate my work and personal history and verify data given on this pplication, on related papers and in interviews. I authorize the companies, educational institutions and/or persons named by me in this pplication to give any information they have regarding me, whether or not it is in their records, to Twin City Die Castings Company. I elease said companies, educational institutions, and/or persons from any liability whatsoever for furnishing this information. I further agree or release Twin City Die Castings Company from any liability whatsoever that may arise from relying on information by these companies, ducational institutions and/or persons. promise that all of the information submitted by me on this Application for Employment is true and correct. I understand and agree that hould any information supplied by me on the application or other Company records be found at any time to be untruthful, or if I am found on have omitted any matter from this or other Company records, I may, without recourse, be refused employment or immediately ischarged. understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of	0r
APPLICANT'S STATEMENT understand Twin City Die Castings Company will thoroughly investigate my work and personal history and verify data given on this pplication, on related papers and in interviews. I authorize the companies, educational institutions and/or persons named by me in this pplication to give any information they have regarding me, whether or not it is in their records, to Twin City Die Castings Company. I elease said companies, educational institutions, and/or persons from any liability whatsoever for furnishing this information. I further agree or elease Twin City Die Castings Company from any liability whatsoever that may arise from relying on information by these companies, ducational institutions and/or persons. promise that all of the information submitted by me on this Application for Employment is true and correct. I understand and agree that hould any information supplied by me on the application or other Company records be found at any time to be untruthful, or if I am found o have omitted any matter from this or other Company records, I may, without recourse, be refused employment or immediately ischarged. understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of mployment authorization and identity. Failure to submit such proof will result in denial of employment. understand that Twin City Die Castings Company follows an "employment at will" policy and that an employee's employment may be emminated at any time by the employee or the Company with or without cause or notice, for any or no reason. It is understood and agreed hat this application and other Company documents, policies, and/or practices do not constitute an employment contract or agreement. he only exception to at-will employment is a written employment contract signed by the Company President. TCDC is TS and ISO	0r

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Name:	et .	First	MI
Home Phone: ())
		<u></u>	/
Current Address: Stre	et	City	State Zip Code
Social Security Number: _		Email Address:	
How were you referred to o	our company?		
Are you 18 years old or old	ler? □ Yes □ No		
Are you legally authorized t	to work in the United States?	□ Yes □ No	
, ,			
Have you ever worked for 3	Twin City Die Castings Compa	nny? □ Yes, as an Employee	☐ Yes, as a Temp ☐ No
·			
Mo	onth Year	Month	Year
Has any of your employme	nt or education been under a	different name? □ Yes □ N	0
Are any relatives employed	d by Twin City Die Castings Co	o? □ Yes □ No	
Name:		Relationship:	
What wage is desired?		Date available for employment?	
Are you available to work (mark all that apply):		
,	Part time	□ Days □ Evenings □ W	eekends
Are you willing to travel?	☐ Yes ☐ No Relocate	e? □ Yes □ No	
		requirement of the position for w	hich you are applying.
Are you able to satisfy this	essential requirement? Yes	s □ No	
	CKII I	C INVENTORY	
	SKILL:	5 INVENTORY	
		□ GD&T	☐ CMM Experience
☐ Forklift Certification ☐ ☐ Microsoft Word ☐		☐ CDL License ☐ Microsoft PowerPoint	☐ Microsoft Outlook ☐ Foreign Language:
☐ Other please explain:			
Are you physically able to:		Mfg. Equipment Operated I	ist specific machines:
Work in extreme heat? ☐ `			
Stand during entire shift? I	□ Yes □ No		

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Education	Name and Address	of School	D	egree/Diploma eceived	Course Work Major/Minor
High School/GED	Nume and Address	or concor		<u> </u>	
College or University					
Graduate School					
Vocational/Business School or Other					
		tificates which may ha			or employment:
		PAST U.S. MILITATE relevant to a position with			ed to list military service.
Branch of Service		Dates of Service		Special Training,	Job Related Skills, etc:
• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •	·· PERSONAL RE	FERENCES ···	•••••	
Pro	vide the names of one	to three people, not relate		own for at least one	year.
Name	Address/1	Felephone	Business/Occupa	ation	Years Acquainted
1					
2					
3					
•••••	•••••	_	RENCES		•••••
	Give the names	s of two of your previous	employers whom we	e may contact.	
Employer/Superv	isor	Company		Telephone	
1					
2					

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	•••••	EMPL	OYMENT	RECORD	• • • • •
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List your last four employers, starting with the most recent or current position. A resume may be attached to supplement the information provided below.

	Employer's Name & Address			May we contact this employer? ☐ Yes ☐ No
	Name & Title of Supervisor	Telephone Number	Dates Employed (m	o. & yr.)
1			From:	To:
ľ	Position Held	Duties & Responsibilities		
	Annual Salary/Hourly Wage	☐ Full-time ☐ Part-time	Reason for Leaving	
	Employer's Name & Address			May we contact this employer? ☐ Yes ☐ No
	Name & Title of Supervisor	Telephone Number	Dates Employed (m	o. & yr.)
2			From:	To:
	Position Held	Duties & Responsibilities		
	Annual Salary/Hourly Wage	☐ Full-time ☐ Part-time	Reason for Leaving	
	Employer's Name & Address			May we contact this employer? ☐ Yes ☐ No
	Name & Title of Supervisor	Telephone Number	Dates Employed (m	
3			From:	To:
	Position Held	Duties & Responsibilities		
	Annual Salary/Hourly Wage	☐ Full-time ☐ Part-time	Reason for Leaving	
	Employer's Name & Address			May we contact this employer? ☐ Yes ☐ No
	Name & Title of Supervisor	Telephone Number	Dates Employed (m	
4			From:	To:
_	Position Held	Duties & Responsibilities		
	Annual Salary/Hourly Wage	☐ Full-time ☐ Part-time	Reason for Leaving	
		l	1	

Thank you for your interest in Twin City Die Castings Company!

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VOLUNTARY SELF-IDENTIFICATION FORM EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

TO ALL APPLICANTS:

This company is an *Equal Opportunity and Affirmative Action Employer*. We request your cooperation in providing the following information which will be used in accordance with statutes and regulations regarding Equal Employment and Affirmative Action. **Providing this information is voluntary.** All information received will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process.

Name Last	First N	Today's Date I Month/Day/Year
Position Applied		
GENDER:		
	Male	Female
RACE/ETHNIC C	CATEGORY: (Check One)	White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
	White (not of Hispanic origin)	Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
	Black (not of Hispanic origin)	Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
	Hispanic	Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast
	Asian or Pacific Islander	Asia, the Pacific Islands, or Indian Subcontinent. This area includes, for example: China, India, Japan, Korea,
	American Indian or Alaskan Native	the Philippine Islands, Samoa. American Indian or Alaskan Native: All persons
	Two or More Races	having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition. Two or more Races: All persons who identify with more
REFERRAL SOL	JRCE:	than one of the above races.
	Private employment agency	Walk-in
	Newspaper	Employee referral
	Educational Institution	Other:
	State or Community Agency: Name	e:

APPLICANT VOLUNTARY SELF-IDENTIFICATION INFORMATION (con't.)

Information on Individuals with Disabilities & Covered Veterans (Check all applicable boxes)

	Individu	al with a Disabil	ity: An "individual with a disability" means a person who 1) has a physical or mental impairment that substantially limits one or more major life activities; 2) has a record of such impairment, or 3) is regarded as having such an impairment.
	Disabled	d Veteran:	(1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
	Other P	rotected Vetera	n: A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. (For assistance making this determination, contact Human Resources.)
	Armed F Medal V	Forces Service /eteran:	A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. (For assistance making this determination, contact Human Resources.)
	Recently Veteran	y Separated :	A veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.
If yo		individual with	a disability or a disabled veteran, you may choose to use the space below to tell us
	1)		nethods, skills, and procedures which qualify you for positions within Castings Co. so that you can be considered for any positions of that kind, and
	2)		ole accommodations which we could make which would enable you to perform the and safely, including special equipment or other accommodations.
	l do no	t wish to prov	vide the information requested.

Voluntary Self-Identification of Disability

OMB Control Number 1250-0005 Expires 1/31/2017 Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if vou have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
 Autism
- Cancer
- Epilepsy
- Deafness
 Cerebral palsy
 - HIV/AIDS

 - Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Diabetes
 Schizophrenia
 Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

e check one of the boxes below:		
YES, I HAVE A DISABILITY (or previously had a disability))	
NO, I DON'T HAVE A DISABILITY		
I DON'T WISH TO ANSWER		
Your Name	Today's Date	
	NO, I DON'T HAVE A DISABILITY I DON'T WISH TO ANSWER	YES, I HAVE A DISABILITY (or previously had a disability) NO, I DON'T HAVE A DISABILITY I DON'T WISH TO ANSWER

Voluntary Self-Identification of Disability

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2017 Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

providing documents in an alternate format, using a sign language interpreter, or using specialized equipment. Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp. PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.