



**Hamill
Manufacturing
Company**

500 Pleasant Valley Road
Trafford, PA 15085-2700
Phone: (724) 744-2131
Fax: (724) 744-3121

Application for Employment

Code	E	S	T	I
Initials			Disposition	

An Equal Opportunity Employer

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. Hamill Manufacturing Company is a veteran owned business.

Position(s) applied for _____ Application Date _____
 Name _____ Social Security # _____
 (Last) (First) (MI)

Address _____
 (Street) (City) (State) (Zip Code)

Telephone # _____ Cellular/Other # _____ E-mail _____

Referral Source (Please check the appropriate category and name the source)

Walk – In _____ School _____
 Employee _____ Job Fair _____
 Advertisement _____ Staffing Agency _____
 Hamill Website _____ Job Service _____
 Gov't Employment Agency _____ Other _____

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap

If you are under 18, and it is required, can you furnish a work permit? Yes No

Date available to work _____ **What if your desired starting salary?** _____

Employment type desired Full-Time Part-Time Internship Temporary Seasonal

Are you a United States citizen? Yes No

If required, will you work overtime? Yes No

If no, please explain. _____

May we contact you at work? Yes No

If yes, list your work number and the best time to call. Phone # _____ Time _____

Have you applied at Hamill Manufacturing in the past? Yes No

If yes, list the date and the position applied for. Date _____ Position _____

Have you been employed at Hamill Manufacturing in the past? Yes No

If yes, provide dates of employment. From _____ To _____

Can you, after employment, submit verification of identity and legal right to work in the United States? Yes No

Have you ever been bonded? Yes No

Have you ever been granted a Security Clearance? Yes No

Have you ever been denied a Security Clearance? Yes No

Were you ever in the U.S. Armed Forces? Yes No If yes, which branch? _____

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as the date of offense, the seriousness and nature of the violation, and rehabilitation, and position applied for will be taken into account.

Have you ever pled "guilty" or "no contest to" or been convicted of a felony? Yes No

If yes, provide dates and details _____

Employment History

Starting with your most recent employer, please provide the following information.

Employer	Telephone #	
Street Address	City, State	
Job Title		
Supervisor and Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Reason for Leaving		
Job Description		
Dates of Employment	From (Mth/Yr) To (Mth/Yr)	Per Hour Beginning Wage \$ Per Hour Ending Wage \$

Employer	Telephone #	
Street Address	City, State	
Job Title		
Supervisor and Title	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Reason for Leaving		
Job Description		
Dates of Employment	From (Mth/Yr) To (Mth/Yr)	Per Hour Beginning Wage \$ Per Hour Ending Wage \$

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Reason for Leaving		
Job Description		
Dates of Employment	From (Mth/Yr) To (Mth/Yr)	Per Hour Beginning Wage \$ Per Hour Ending Wage \$

Education & Training

School (Include City & State)	Years Completed	Completed	Major/ Minor	GPA/ Rank
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Degree _____ <input type="checkbox"/> GED		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Degree _____ <input type="checkbox"/> GED		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Degree _____ <input type="checkbox"/> GED		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Degree _____ <input type="checkbox"/> GED		

Skill Sets

Indicate any of the following skills.

Computer Skills

- Keyboarding ____ wpm
- MAC
- PC
- AppleWorks

- Panorama
- Internet
- Microsoft Outlook

- Microsoft Excel
- MasterCAM

Describe specific computer skills. _____

Manufacturing Experience

- Turning
- Milling
- Tool & Cutter Grinding
- NDT
- Assembly

- CNC Horizontal Mill
- CNC Vertical Mill
- EDM
- Polishing
- Welding

- CNC Vertical Boring Mill
- CNC Lathe
- Inspection
- CNC Programming

Describe specific manufacturing experience. _____

References

Provide names & phone numbers of three persons not related to you, whom you have known for at least one year.

Name	Phone Number	Business/Relation	Years Know

Remarks _____

In exchange for the consideration of my job application, I agree that:

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Hamill Manufacturing is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written documentation or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization. If employed, I understand that Hamill may unilaterally change or revise its benefits, policies and procedures and such changes may include reductions in benefits.

I understand that as a condition of determining my qualifications for the position applied for, Hamill will request job performance information from listed previous employers from this application and/or enclosed resumes, contact schools and personal references provided, conduct background checks of my motor vehicle record if the position applied for requires driving duties, and take such steps as the company deems necessary to validate any other statement or assertion made on my application or enclosed resume.

In order to facilitate this end, I release from any legal liability these persons (both natural and legal) and employers who provide information relating to the duties and responsibility of my former positions, my job performance, the situation surrounding my leaving their employment, and any other relevant information and opinions that may be useful to Hamill in making a hiring decision.

I also understand that the Company has a drug and alcohol policy that provides for pre-employment testing and compliance with such policy is a condition of employment. I further understand that employment will be based on successfully passing a job-related physical examination and drug screening.

I further understand that the first 90 days of employment with Hamill shall be designated as a “new employee” period, and further that at any time during this period or thereafter, my employment relationship with Hamill is terminable “at will” for any reason by either party.

I do solemnly swear that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and the information given by me is true and complete to the best of my knowledge and belief. I am aware that all the statements I made on this application are subject to later investigation. I am further aware that should any investigation at any time disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected; if already appointed, I may be dismissed from my position, and I am subject to prosecution for perjury or other criminal violations as punishable by law.

Signature of Applicant

Date

For Employer Use Only

Interviewer _____ Date _____ Time _____
Shift Preference _____

Interviewer _____ Date _____ Time _____
Shift Preference _____

Interviewer _____ Date _____ Time _____
Shift Preference _____

Interviewer _____ Date _____ Time _____
Shift Preference _____
