



July 30, 2015  
[www.tcdcinc.com](http://www.tcdcinc.com)

APPLICATION PACKAGE  
**CAST OPERATOR – CAST TRAINEE/C-LEVEL**  
**4<sup>TH</sup> SHIFT**

**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) 886-1016**  
**Email: [tarac@tcdcinc.com](mailto:tarac@tcdcinc.com)**

**JOB POSTING**

**POSITION TITLE:** Cast Operator – Cast Trainee/Level C  
**HOURS:** Weekend Shift (4<sup>th</sup>): 2:30 p.m. – 2:30 a.m. overtime as needed or required  
**ACCOUNTABLE TO:** Cast Supervisor  
**LOCATION:** Watertown, South Dakota

**POSITION SUMMARY:**

Casting department personnel are generally required to operate one or more die casting machines (DCM) in strict compliance with approved processes. During casting operations they are responsible for achieving die casting quality and the periodic recording of process readings related to process effectiveness. Casting operations require a substantial number of manual operations such as machine cycle start, hand spraying, positioning of inserts in die cast tool, de-flashing parts and dies, removing hot die castings from the machine, visually inspecting die castings and taking measurements to ensure conformance to specification.

**AREAS OF RESPONSIBILITY:**

- Observe continuous operation of manual and/or automatic machines to ensure that products meet specifications and to detect malfunctions, making adjustments as instructed.
- Measure and visually inspect products for surface and dimension defects in order to ensure conformance to specifications, using precision measuring instruments.
- Set up, operate, or tend metal casting machines to cast metal parts or products.
- Position and secure work pieces on machines.
- Remove finished products from dies using hand tools, air hoses and other equipment.
- Trim excess material from parts.
- Place product into appropriate container.
- Install dies onto machines or presses, then coat dies with parting agents, according to work order specifications.
- Accurately record production transactions and work time.
- 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.

**EDUCATION, MINIMUM SKILLS & COMPETENCIES:**

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

**Continued on page 2**

## 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](mailto:candacel@tcdcinc.com) to discuss alternative ways to apply for open positions.



# APPLICATION FOR EMPLOYMENT

1070 SE 33<sup>rd</sup> Avenue  
Minneapolis, MN 55414

122 Cessna St. NW  
Watertown, SD 57201

520 Chelsea Road  
Monticello, MN 55362

## INSTRUCTIONS

Please print clearly and complete each section fully to assure the appropriate information is available for our consideration. **To receive appropriate consideration, please identify the position you are interested in on the line at the right side of this application.** Your application must be completed and signed on the bottom to receive consideration. **If you have a question about filling out this application, please ask.**

## EQUAL EMPLOYMENT OPPORTUNITY

TCDC provides a fair and equal employment opportunity for all job applicants regardless of race, color, religion, national origin, gender, sexual orientation, age, marital status or disability. TCDC hires individuals solely on the basis of their qualifications for the job to be filled.

## DRUG/ALCOHOL TESTING

It 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 employment to an applicant, the applicant must provide evidence of a negative drug screen. In the event of a positive test result, the company will withdraw the job offer.

### Applicant / Employer Rights

1. **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
2. **Right to retest** – Any applicant testing positive may request to:
  - a. *Explain or rebut a positive result on a confirmatory test.*
  - b. *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.*

**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.

**My signature below is an indication that I have read this information, and that I consent to being tested for drugs as part of the pre-employment physical as a condition of my employment.**

⊗ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## APPLICANT'S STATEMENT

I understand Twin City Die Castings Company will thoroughly investigate my work and personal history and verify data given on this application, on related papers and in interviews. I authorize the companies, educational institutions and/or persons named by me in this application to give any information they have regarding me, whether or not it is in their records, to Twin City Die Castings Company. I release said companies, educational institutions, and/or persons from any liability whatsoever for furnishing this information. I further agree to release Twin City Die Castings Company from any liability whatsoever that may arise from relying on information by these companies, educational institutions and/or persons.

I promise that all of the information submitted by me on this Application for Employment is true and correct. I understand and agree that should 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 discharged.

I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand that Twin City Die Castings Company follows an "employment at will" policy and that an employee's employment may be terminated 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 that this application and other Company documents, policies, and/or practices do not constitute an employment contract or agreement. The only exception to at-will employment is a written employment contract signed by the Company President. TCDC is TS and ISO certified and requires all employees to follow the associated requirements, as well as, comply with all safety protocols.

I understand that this application will remain active for 90 days from the date I sign it. By my signature below, I agree that I have read and understand the above paragraphs.

⊗ Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last Name \_\_\_\_\_  
First Name \_\_\_\_\_  
M.I. \_\_\_\_\_  
Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Specific Position Applied For \_\_\_\_\_

..... PERSONAL DATA .....

Last First MI

Home Phone: (      ) \_\_\_\_\_ Cell Phone: (      ) \_\_\_\_\_

Current Address: \_\_\_\_\_

Street	City	State	Zip Code
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Social Security Number: \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ Email Address: \_\_\_\_\_

How were you referred to our company? \_\_\_\_\_

Are you 18 years old or older? ☐ Yes ☐ No

Are you legally authorized to work in the United States? ☐ Yes ☐ No

Have you ever worked for Twin City Die Castings Company? ☐ Yes, as an Employee ☐ Yes, as a Temp ☐ No

Position: \_\_\_\_\_ Location: \_\_\_\_\_

Hire Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_  
Month Year Month Year

Has any of your employment or education been under a different name? ☐ Yes ☐ No

Are any relatives employed by Twin City Die Castings Co? ☐ Yes ☐ No

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

What wage is desired? \_\_\_\_\_ Date available for employment? \_\_\_\_\_

Are you available to work (mark all that apply):

☐ Full time    ☐ Part time    ☐ Temporary    ☐ Days    ☐ Evenings    ☐ Weekends    ☐ Overtime

Are you willing to travel? ☐ Yes ☐ No Relocate? ☐ Yes ☐ No

Regular and punctual attendance at work is an essential requirement of the position for which you are applying.

Are you able to satisfy this essential requirement? ☐ Yes ☐ No

..... SKILL S INVENTORY .....

☐ Die Cast Operator    ☐ CNC Operator    ☐ GD&T    ☐ CMM Experience  
☐ Forklift Certification    ☐ DOT License    ☐ CDL License    ☐ Microsoft Outlook  
☐ Microsoft Word    ☐ Microsoft Excel    ☐ Microsoft PowerPoint    ☐ Foreign Language: \_\_\_\_\_

☐ Other please explain: \_\_\_\_\_

**Are you physically able to:**

Work in extreme heat? ☐ Yes ☐ No

Stand during entire shift? ☐ Yes ☐ No

**Mfg. Equipment Operated** *List specific machines:*

..... EDUCATIONAL BACKGROUND .....

Education	Name and Address of School	Degree/Diploma Received	Course Work Major/Minor
High School/GED			
College or University			
Graduate School			
Vocational/Business School or Other			

List any additional training, licenses or certificates which may have a bearing on your qualifications for employment:  
*For example: professional seminars, company sponsored courses or professional affiliations.*

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..... PAST U.S. MILITARY SERVICE .....

Please list any military service you believe is relevant to a position with the company. Applicants are not required to list military service.

Branch of Service	Dates of Service	Special Training, Job Related Skills, etc:

..... PERSONAL REFERENCES .....

Provide the names of one to three people, not relatives, who you've known for at least one year.

	Name	Address/Telephone	Business/Occupation	Years Acquainted
1				
2				
3				

..... WORK REFERENCES .....

Give the names of two of your previous employers whom we may contact.

	Employer/Supervisor	Company	Telephone
1			
2			

## ..... **EMPLOYMENT RECORD** .....

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

<b>1</b>	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: _____ To: _____
	Position Held		
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving
<b>2</b>	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: _____ To: _____
	Position Held		
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving
<b>3</b>	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: _____ To: _____
	Position Held		
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving
<b>4</b>	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: _____ To: _____
	Position Held		
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving

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

# 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 \_\_\_\_\_ Today's Date \_\_\_\_\_  
Last First MI Month/Day/Year

Position Applied \_\_\_\_\_

### GENDER:

\_\_\_\_\_ Male \_\_\_\_\_ Female

### RACE/ETHNIC CATEGORY: (Check One)

\_\_\_\_\_ White (not of Hispanic origin)  
\_\_\_\_\_ Black (not of Hispanic origin)  
\_\_\_\_\_ Hispanic  
\_\_\_\_\_ Asian or Pacific Islander  
\_\_\_\_\_ American Indian or Alaskan Native  
\_\_\_\_\_ Two or More Races

**White (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East  
**Black (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.  
**Hispanic:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.  
**Asian or Pacific Islander:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent. This area includes, for example: China, India, Japan, Korea, the Philippine Islands, Samoa.  
**American Indian or Alaskan Native:** All persons 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 than one of the above races.

### REFERRAL SOURCE:

\_\_\_\_\_ Private employment agency \_\_\_\_\_ Walk-in  
\_\_\_\_\_ Newspaper \_\_\_\_\_ Employee referral  
\_\_\_\_\_ Educational Institution \_\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_ State or Community Agency: Name: \_\_\_\_\_

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

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### ***Information on Individuals with Disabilities & Covered Veterans***

***(Check all applicable boxes)***

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- ☐ Individual with a Disability: 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 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 Protected Veteran: 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 Forces Service Medal Veteran: 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 Separated Veteran: 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 you are an individual with a disability or a disabled veteran, you may choose to use the space below to tell us about:

- 1) Any special methods, skills, and procedures which qualify you for positions within Twin City Die Castings Co. so that you can be considered for any positions of that kind, and
  - 2) The reasonable accommodations which we could make which would enable you to perform the job properly and safely, including special equipment or other accommodations.
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☐ I do not wish to provide the information requested.



## Voluntary Self-Identification of Disability

Form CC-305  
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.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you 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
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

### Please 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

## 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.

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<sup>i</sup> 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](http://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.