# Fall River Die Cast Application for Employment

(Pre-Employment Questionnaire) (An Equal Opportunity Employer)

Personal Information Date: _____ Social Security Number: _____

Full Name:

Last First Middle

Present Address:

Street City State Zip

Email Address:

Phone Number: Are You 18 Years or Older Yes ☐ No ☐

**SPECIAL QUESTIONS**

Do not answer any of the questions in this framed area unless the employer has checked a box preceding a question, thereby indicating that the information is required for a bona fide occupational qualification, or dictated by national security laws, or is needed for other legally permissible reasons.

Height ___ feet ___ Inches Are you prevented from lawfully becoming employed in the US? _____ Yes _____ No

Weight _____ lbs. Date of Birth* _____

What Foreign Languages do you speak fluently? _____ Read _____ Write_____

Have you been convicted of a felony or misdemeanor within the last 5 years? ** Yes _____ No_____ Describe:_____

_____

*The Age Discrimination In Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

** You will not be denied employment solely because of a conviction record, unless the offense is related to the job for which you have applied

## Employment Desired

Position: Date You Can Start Salary Desired

Are You Employed Now? If So, May we Inquire of your Present Employer?

Ever Applied to This Company Before? Where? When?

| Education | Name and Location of School | *Years Attended | *Did you Graduate? | Subjects Studied |
|---|---|---|---|---|
| Grammar School | | | | |
| High School | | | | |
| College | | | | |
| Trade, Business or Correspondence School | | | | |

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**General**

Subject of Special Study or Research Work

U.S. Military or Naval Service Rank Present Membership in National Guard or Reserves

**(Continued on Other Side)**

**Former Employers** (List below last four employers, starting with the last one first)

| Start Date (MM/YY) End Date (MM/YY) | Name and Address of Employer | Salary | Position | Reason for Leaving |
|---|---|---|---|---|
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |
| From | | | | |
| To | | | | |

**References**: Give the names of three persons not related to you, whom you have known at least one year

| Name | Address | Business | Years Acquainted |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Physical Record:**

Do you have any physical limitations that preclude you from performing any work for which you are being considered? **Yes** ☐ **No** ☐

If yes, what can be done to accommodate your limitation?

Please Describe:

In Case of
Emergency Notify

Name Address Phone No

**"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 references 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 all parties from all liability for any damage that may result from furnishing same to you.**

**I understand and agree that, if hired my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice"**

Date: Signature:

Referred to By :