



ABLE MANUFACTURING & ASSEMBLY, LLC EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Date _____

Position Desired _____

Name _____

Telephone _____

Address _____

Social Security No. _____

City _____

State _____

Zip _____

Referred By _____
 Newspaper School Radio
 Employee Agency Self

Have you worked for Able Manufacturing before? Y N If so, when? _____

Have you been convicted of a crime? (Note: A conviction will not be an absolute bar to employment) Y N Date & Details: _____

Are you legally eligible for employment in the United States? Y N Are you 18 years of age or older? Y N

What is your minimum salary requirement? _____

Do you have reliable transportation? Y N Are you willing to work over 40 hours per week? Y N

Are you willing to work any shift? Y N What is your preferred shift? _____
(list 1st, 2nd and 3rd choice) _____
Days Evening Graveyard

EDUCATIONAL DATA

School	Print Name, City, State	No. of Years Completed	Diploma or Degree earned
High School			
College / Graduate School			
Trade, Bus., Night or Correspondence School			
Other			

EMPLOYMENT HISTORY

Explain any gaps in employment.

Incomplete applications will not be considered.

May we contact your current employer? Y N

From	To	Employer	Phone	Position	Salary	Reason for Leaving
/ /	/ /					

List Responsibilities:

From	To	Employer	Phone	Position	Salary	Reason for Leaving
/ /	/ /					

List Responsibilities:

From	To	Employer	Phone	Position	Salary	Reason for Leaving
/ /	/ /					

List Responsibilities:

MILITARY SERVICE

Were you in the U.S. Armed Services? Y N If yes, which branch? _____

Rank at separation _____

Briefly describe your duties _____

SKILLS SUMMARY – (Follow instructions below, incomplete applications will not be considered)

The following skills are representative of tasks performed at Able Manufacturing & Assembly, LLC.

1. Please circle the skills you possess. **2.** Write in the box how you use these skills (home, work, school, etc). **3.** List how long you have had these skills (6 mos., 1 yr., etc.)

Auto Body Repair	Assembly	Air Tools	Buffers	Calipers	CNC Machinery	Chopper Gun	Blue Prints
Cabinet Making	Drill Press	Drills	Elec. Wiring	Fiberglass	Fabric Shear	Forklifts	Fiberglass Repair
Gel-coating	Grinders	Hand Tools	HV/AC	Lamination of Fiberglass	Lay-up of Fiberglass	Metal Fabrication	Machinist
Micrometers	Material Handling	Metal Shear	Painting Cars	Production Painting	CNC Press Brake	Power Tools	Portable Circular Saw
CNC Turret Press	Radial Arm Saw	Router	Rivet Gun	Small Tool Repair	Sanders	Saber Saw	Sewing Machine
Table saw	Tape Measure	Upholstery	Warehouse	Weld Alum MIG	Weld Steel MIG	Weld TIG	Other
Software Skills	Microsoft Word	Microsoft Excel	Microsoft Access	Microsoft Power Point	Other	Other	Other

Please summarize your skills here: _____

What skills would you like to learn? _____

Are any of your relatives employed at Able Mfg.? **Y N** If so, who, and what department: _____

Do you use any tobacco products? **Y N** If so, list the products you use: _____

Person to be notified in case of emergency:

Name	Phone	Address
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It is agreed and understood that Able Manufacturing & Assembly, LLC or it's agents may investigate my background to verify the accuracy of the information given on this application, and make routine inquiries during the initial or subsequent processing of my application, which may provide applicable information concerning my character, attendance, and performance history. I hereby authorize all schools I have attended and all previous employers to furnish Able Manufacturing & Assembly, LLC all information that they may have concerning me, and I hereby release Able Manufacturing & Assembly, LLC and it's agents from all liability for any damages resulting from such investigation. Additionally, in applying for a position that may involve driving of a company vehicle, I specifically authorize Able Manufacturing & Assembly, LLC and it's agents to obtain from the registry of Motor Vehicles a copy of my motor vehicle record. I understand and agree that any serious traffic offense or combination of offenses whether as a result of on-the-job activities or of operating a privately owned vehicle may disqualify me from employment or continued employment.

I recognize that both Able Manufacturing & Assembly, LLC and myself will be free to terminate my employment at any time, with or without cause. I understand and agree that this application will be used for employment consideration, but does not guarantee me employment with Able Manufacturing & Assembly, LLC. I understand that my application will remain active for a period of ninety (90) days, but will remain on file for a period of one (1) year.

I certify that the forgoing information is true and complete to the best of my knowledge. I understand that misrepresentation or omission of facts called for on this application is cause for subsequent dismissal.

Print Name

Date

Signature

Able Mfg. drug tests all potential employees. A positive test will make you ineligible for employment for a period of 12 months.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED