

# Milling Precision Tool

4225 West 31<sup>st</sup> Street South, Wichita, KS 67215-1003  
T 316-265-0973 F 316-265-6523

## Application for Employment

**Pre-employment questionnaire**  
**Equal opportunity employer**

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Name: \_\_\_\_\_ Date: \_\_\_\_\_  
First M.I. Last

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Present Address: \_\_\_\_\_  
Street City State ZIP

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Permanent Address: \_\_\_\_\_  
Street City State ZIP

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Home Phone

Mobile Phone

Email

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Referred By: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

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Position Desired: \_\_\_\_\_ Date You Can Start: \_\_\_\_\_

Are You Employed?: Yes  No  If so, may we inquire of your present employer? Yes  No

Ever applied to this company before? Yes  No  If so, when? \_\_\_\_\_

Are you available to work all shifts? Yes  No  Are you able to lift up to 80 lbs? Yes  No

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## Education History

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Name & Location of School	Years Attended	Did you graduate?	Subjects studied
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High School

College

Trade, Business or

Correspondence School

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**General Information** Subjects of special study/research/work or special training/skills

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US Military Services

Branch

Technical Specialization

Rank

**Former Employers** List below last six employers, starting with last one first.

Date Month & Year	Name & Address of Employer	Salary	Position	Reason for leaving

**References** List below the names of three persons not related to you, whom you have known for at least one year.

Name	Address	Business	Relationship	Years Known

**Legal**

Are you a U.S. citizen or do you have a legal right and necessary documents to work in the U.S.? Yes  No

Were you ever discharged by any company? Yes  No  If yes, give name of company(s) and reason(s) for discharge.

**Authorization**

"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 the references and employers 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 the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with disabilities act (ADA) and other relevant federal and state laws.

I understand any offer of employment is subject to successfully passing a pre-employment drug test that identifies illegal drug use a minimum of 90 days prior to drug test date.

Date:

Signature: