

**Kovatch Castings, Inc.**  
**Application For Employment**



### Education and History

Name	Location and Telephone	Course of Study	Graduate	Degree
Elementary			Yes or No	
High School / GED				
College				
Post Graduate				

### Work Experience (Most Recent)

Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	

Description of Duties

### Next Previous Employer

Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	

Description of Duties

### Next Previous Employer

Name of Employer	Address of Employer	Date Employed From:                      To:
Telephone of Employer	Supervisor's Name and Title	Rate of Pay Start:                      Finish:
Position or Title	Reason for Leaving	

Description of Duties

## Read Carefully Before Signing Below

*(Signature and initials on red lines required in order to be considered for employment.)*

1. I understand that Kovatch Castings will consider any requests for reasonable accommodations of disabilities by a qualified person at any time. I understand that the company would appreciate as much advance notice as possible regarding request for accommodation, and that medical documentation of the need for accommodation will be required. \_\_\_\_\_
2. I understand that if I am employed by Kovatch Castings in a position where I will be driving a company vehicle on a regular basis, any offer of employment that I receive will be contingent on the company verifying that I have an acceptable driving record. \_\_\_\_\_
3. I understand that a background check is a condition of employment. I authorize Kovatch Castings and/or its agents to request, receive and verify all statements and information contained in my application or resume. I release Kovatch Castings from all liability for any damages that may result from doing so. I authorize any person or organizations referenced in this application to give Kovatch Castings or an agent thereof any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application. I release all such parties from all liability for any damages that may result from furnishing such information to Kovatch Castings. \_\_\_\_\_
4. If I have asked that my current employer not be contacted, I understand that any offer of employment that I receive will be contingent on the company receiving an acceptable verification of the information on this application regarding my current employment. \_\_\_\_\_
5. I certify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I understand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds for refusal to hire. If I am hired and the same is discovered thereafter, possible immediate termination could result. I understand that all information provided by me on this application or in any interview is subject to verification. \_\_\_\_\_
6. I acknowledge that if I am employed by the company, my employment will be at-will, that I will be required to follow all rules and regulations of the company and that my employment may be terminated with or without cause, with or without notice, at the option of myself or the company. No one other than the president, has the authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, either before commencement of employment or after I have become employed. \_\_\_\_\_
7. I understand that as a condition of employment, I must satisfactorily complete any required company medical examinations, with appropriate specimen tests to determine the presence or absence of certain controlled substances. I understand that the presence of one or more illegal or other controlled substances will disqualify me for further consideration for employment; and that I understand that the presence of one or more such illegal or controlled substances revealed in my examination subsequent to my employment may result in disciplinary action, including immediate termination. I understand that refusal to submit to these tests, or attempts to avoid, or delay testing, or tamper with the test, will result in termination of my employment or the termination of the hiring process. \_\_\_\_\_
8. I have been informed of, read and consent to Kovatch Castings' Substance Abuse Program. I hereby authorize them to conduct through its designated agents, drug or alcohol tests as are now and may later be determined by Kovatch Castings to be appropriate under the program. I further authorize full release of all such test results to the company, and will hold the company and its agents harmless for any claims arising out of the laboratory testing and the information obtained through the medical inquiries or controlled substance screen tests. \_\_\_\_\_
9. I certify that I have read or have had read to me, items 1, 2, 3, 4, 5, 6, 7, and 8 above. I understand the contents and hereby acknowledge receipt of this information. \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date