

Kovatch Castings, Inc. Application For Employment

All information must be completed. Do not leave anything blank.

Kovatch Castings is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, age, religion or religious creed, disability, national origin, ancestry, gender or veteran status or any other characteristic protected under Federal or State law.

This application shall be considered active for a period not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should complete another application at the end of that period.

		Personal In	formation				
Name (Last, First, Middle)				Date of Application			
Have you ever worked under another name? If so, enter below:				Social Security Number			
Present Address	CITY	STATE	ZIP	Telephone Number with Area code			
Permanent Address (If same as a	Telephone Number with Area Code						
Are you available to work:	Full Time	Part T	ime	Date Availa	ible		
	Overtime	Temp	orary				
Position Applying for				Shift Prefer		43787	
C-1 Deguingments					2 nd 3 rd	ANY	
Salary Requirements				Referred By	7:		
		General Inf	formation	•			
Please check yes or no in t	the column:			Yes	s No		
Have you ever filed an app	plication with us befor	e? If yes, give date:					
If you are under 18 years o	of age, can you provide	e required proof of y	our eligibility to	work?			
Are you legally authorized	d to work in the United	l States?		Г	_ □		
If hired, verification will l	be required consistent	with federal law.		_	_		
Do you now, or will you ir (e.g., H-1B)?	1 the future, require im	ımigration sponsorsł	nip for work auth	orization			
Have you ever been employed with us before? If yes, give date:							
Are you currently employed?							
May we contact your present employer?							
Are you currently on "lay-off" status and subject to recall?							
Can you travel if a job requires it?							
If applicable, are you willing to relocate?							
Are any relatives employed with us? If yes, list:							
Have you been convicted of a misdemeanor or felony within the last 7 years?							
If yes, please describe:							
Note: A conviction record is no	ot an automatic bar to emplo	oyment.					
Training and Skills							
Special training, skills (suc	ch as special machiner	cy, typing, word proc	essing, language	skills, etc.), or	experiences rel	lated to the position	
applied for which you feel	may especially qualif	y you for work with	our company:				
U. S. Military skills, exper	rience or training relate	ed to the position ap	plied for:				

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:	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.)

	Signature of Applicant Date					
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.					
	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.					
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.					
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.					
5.	ertify that the information provided by me in this application (and accompanying resume, if any) is true and complete. I derstand that any misstatement, falsification, omission or misrepresentation on this application or in any interview is grounds refusal to hire. If I am hired and the same is discovered thereafter, possible immediate termination could result. I understand tall information provided by me on this application or in any interview is subject to verification.					
4.	have asked that my current employer not be contacted, I understand that any offer of employment that I receive will be ingent on the company receiving an acceptable verification of the information on this application regarding my current loyment.					
	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.					
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 democras that may result from doing so. Lauthorize any person or organizations referenced in this application					
2.	derstand that if I am employed by Kovatch Castings in a position where I will be driving a company vehicle on a regular s, any offer of employment that I receive will be contingent on the company verifying that I have an acceptable driving rd					
	accommodation, and that medical documentation of the need for accommodation will be required.					
1.	understand that Kovatch Castings will consider any requests for reasonable accommodations of disabilities by a qualificerson at any time. I understand that the company would appreciate as much advance notice as possible regarding request f					