

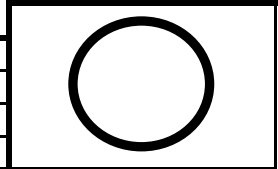


# Application for Employment



Basic Carbide is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race,color, sex age, religion, or national origin.

Background Check Completed	BY		Status <i>check all that apply</i>	
	DATE			Felony
				Nothing Found
			See Attached	



**PERSONAL INFORMATION:**

Date: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
Street City State Zip

Permanent Address \_\_\_\_\_  
Check box if present and permanent address is same  
Street City State Zip

Phone Number \_\_\_\_\_ E mail \_\_\_\_\_

Referred By \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Position Applying for \_\_\_\_\_

Date You Can Start \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are You Employed Now? \_\_\_\_\_ If So May We Inquire Of Your Present Employer?  Yes  No

Ever Applied Here Before? \_\_\_\_\_ Where? \_\_\_\_\_ When? \_\_\_\_\_

EDUCATION:	Name and Location of School	Circle last		Subjects Studied and Degree(s) Received
		Year Completed	Did You Graduate?	
Elementary School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Subjects of Special Study or Research Work \_\_\_\_\_

Have you ever plead guilty to or been convicted of a felony?  Yes  No if yes explain

a "yes" answer to this question will not automatically disqualify you from employment

Activities Others Than Religious (Civic, Athletic.Etc) \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTERS OF WHICH INDICATES RACE, AGE, SEX, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS

(Continued on the Other Side)

<b>FORMER EMPLOYERS:</b> List below last four employers, starting with the last or current one.				
Date Month and Year	Name, Address and Phone No. of Employer	Salary	Position	Reason For Leaving
From				
To				
From				
To				
From				
To				
From				
To				

<b>REFERENCES:</b> Give below the names of three persons NOT RELATED to you, Whom you have known for at least one year			
Name	Address and Phone Number	Business	Years Acquainted
1			
2			
3			

<b>PHYSICAL RECORD:</b> Please indicate your capabilities These questions are directly related to the work at Basic Carbide	
These questions are voluntary	COMMENTS
Are you able to lift 50 pounds with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you feel comfortable working in an environment where respiratory protection may be required to protect you from airborne dust particulates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any known allergies to Latex, Cobalt, or Nickel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any concerns that you would like to have addressed during the pre employment process ? (explain in comment section)	<input type="checkbox"/> Yes <input type="checkbox"/> No

In Case of Emergency Notify \_\_\_\_\_  
Name Address Phone

I authorize Basic Carbide Corporation to investigate and verify any statements contained in this application including; my educational, employment, or criminal history at any time prior to or during my employment. I acknowledge the fact that all information obtained by Basic Carbide may not be positive, and hereby release any individual making those statements from any liability. I understand that any misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that as a condition of my employment I will be required to pass a drug screen test and remain in compliance with the company Substance Abuse Policy for the duration of my employment with Basic Carbide. I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages or salary, be terminated at any time without notice.

Date \_\_\_\_\_ Signature \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Interviewed by \_\_\_\_\_ Date \_\_\_\_\_

REMARKS: \_\_\_\_\_

Neatness 1- 10 \_\_\_\_\_ Ability 1-10 \_\_\_\_\_

Hired \_\_\_\_\_ For Dept \_\_\_\_\_ Start Date \_\_\_\_\_ Wages \_\_\_\_\_

**APPROVED BY:**

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_