



ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Position Sought _____ Preferred Shift _____ Referred By _____

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Other Phone _____

Email Address _____ Are you at least 18 years of age? Yes No

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? Yes No

Have you ever been convicted of a felony? Yes No If yes, please describe circumstances _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? Yes No

EDUCATION:

School Name	Location	Years Attended	Degree Received	Major

Other training, certifications or licenses held _____

MILITARY SERVICE:

Branch _____ From _____ To _____

Rank at Discharge _____ Type of Discharge _____

EMPLOYMENT HISTORY: (please list most recent employer first)

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held Within Company (if any) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held Within Company (if any) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

Employer _____ Job Title _____
Dates Employed _____ Prior Position Held Within Company (if any) _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGEMENT AND AUTHORIZATION:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer including substance abuse policy on page 3 of this application.

Signature of Applicant

Date

SIGMA MACHINE, INC

SUBSTANCE ABUSE POLICY:

Our policy is to employ a work force free from alcohol abuse or the use of other illegal drugs. Any employee who violates this policy will be terminated.

We strive to provide a safe and healthy work environment, free from the use of illegal* drugs and abuse of alcohol and have set forth the following rules:

- Employees may not consume alcoholic beverages or take illegal drugs on our premises.
- Employees may not report to work under the influence of drugs or alcohol.
- If you are convicted under any federal or state criminal drug statute, you must notify a manager of the company within (3) days. This will be grounds for termination.

*Legal drugs include prescribed and over-the-counter drugs which have been legally obtained and used for the purpose for which they were intended. Illegal drugs include any drug which is not legally obtainable, which may be obtainable but had been obtained illegally or any drug which is being used in a manner or for a purpose other than as prescribed.

Signature of Applicant _____

Date _____



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