



**APPLICATION FOR AT-WILL EMPLOYMENT**

*Team Metal Finishing, Inc. is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law.*

**TEAM METAL FINISHING, INC. IS AN AT-WILL EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

<b>Position Applied For:</b>		<b>Date of Application:</b>	
<b>Date You Can Start:</b>		<i>Please note that this application will only remain active for six months, after which the applicant will need to reapply.</i>	
<b>Name:</b> Last:      First:      Middle:		<b>Social Security #:</b>	
<b>Present Address:</b> Street:		City:	State:
<b>Permanent Address:</b> Street:		City:	State:
<b>Telephone #:</b> Home:		Cell:	
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are there any hours or days of the week you cannot work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, when?		<b>Type of Employment:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	
<b>Salary Desired:</b>			
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever applied to Team Metal Finishing, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>When?</b>
Under what name?			
Are you lawfully eligible to be employed in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been convicted to a crime, other than minor traffic violations? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, please state citation, date and place where offense occurred:			
<b>Emergency Contact:</b> Name:		Telephone:	
Street:		City:	State:

**EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No	
College			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialized Training			<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CURRENT AND FORMER EMPLOYERS: (Most Recent One First)**

DATE MONTH/ YEAR	NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD/ RESPONSIBILITIES	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

**REFERENCES: Three Individuals Not Related To You, Whom You Have Known For At Least One Year.**

NAME	ADDRESS & TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

\* \* \* \*

**Please read the following statement carefully before signing to indicate your understanding:**

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination. If I have an impairment that will affect my ability to take the test, I will so inform Team Metal Finishing, Inc. prior to the administration of the test so that a reasonable accommodation may be arranged. Team Metal Finishing, Inc. reserves the right to require medical documentation regarding the need for accommodation.

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 may result in termination.

**I understand and agree that, if hired, my employment is AT-WILL. THIS MEANS THAT, IF HIRED, EITHER TEAM METAL FINISHING, INC. OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**Please return completed application to Human Resources via:**

**Email: [hr@teammetalfinishing.com](mailto:hr@teammetalfinishing.com)**

**Fax: 706-779-3374**

**Mailing Address: Team Metal Finishing, Inc.**

**Attn: Human Resources**

**P.O. Box 1752**

**Toccoa, GA 30577**

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**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired:  Yes  No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_

**\*TEAM METAL FINISHING, INC. IS AN AT-WILL, EQUAL OPPORTUNITY EMPLOYER\***