

Maple Manufacturing, LLC

3010 Birch Drive
Weirton, WV 26062

APPLICATION FOR EMPLOYMENT

Maple Manufacturing LLC is an equal opportunity employer and does not discriminate in employment based on race, color, religion, sex, age, national origin, marital status, disability, genetic information, military status, political affiliation, or any other class protected by law.

GENERAL	Full Name: Last		First:		Middle Initial:	Date:		
	Present Address:			City		State	Zip Code:	
	Previous Address (if at Present Address less than 7 years):			City:		State:	Zip Code:	
	Home Phone #:		Work Phone#:		Cell Phone #:		Email Address:	
	Are you 18 years old or older: <input type="checkbox"/> Yes <input type="checkbox"/> No				Have you ever been employed by Maple Manufacturing? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	Are you legally eligible to be employed in the United States?: <input type="checkbox"/> Yes <input type="checkbox"/> No				NOTE: All successful applicants will be required to provide proof of identify and eligibility of employment			
	Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No				NOTE: The fact that you have a record of conviction will not necessarily bar you from employment.			
If yes, please explain:								
POSITION	Position Desired:			Salary Desired:		Date You can start:		
	How were you referred to this position?							
	<input type="checkbox"/> Company Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet Job Board <input type="checkbox"/> Employee Referral <input type="checkbox"/> Other							
Please specify name of Employment Agency, Internet Job Board, Employee Referral or Other: _____								
EDUCATION	Name and Address of School (Include all periods of schooling beginning with high school)		Major or Field of Study	No. of Years Attended	Did you Graduate?	Degree Received (if applicable)	Date / Expected Date Degree Received	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			
MILITARY	Branch of Service:			Dates of Active Duty:		Rank at Discharge:		

Briefly describe your duties while in service:					
EMPLOYMENT HISTORY	1	Employer	Phone #:	Dates Employed	Ending Salary
		Address (City / State)			
		Job Title		From:	Base:
		Immediate Supervisor	Title:	To:	Bonus / Commission:
		Reason for Leaving			
		May We contact for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	2	Employer	Phone #:	Dates Employed	Ending Salary
		Address (City / State)			
		Job Title		From:	Base:
		Immediate Supervisor	Title:	To:	Bonus / Commission:
		Reason for Leaving			
		May We contact for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	3	Employer	Phone #:	Dates Employed	Ending Salary
		Address (City / State)			
		Job Title		From:	Base:
		Immediate Supervisor	Title:	To:	Bonus / Commission:
		Reason for Leaving			
		May We contact for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	4	Employer	Phone #:	Dates Employed	Ending Salary
		Address (City / State)			
Job Title		From:	Base:		
Immediate Supervisor		Title:	To:	Bonus / Commission:	
Reason for Leaving					
May We contact for a Reference? <input type="checkbox"/> Yes <input type="checkbox"/> No					

PLEASE READY CAREFULLY BEFORE SIGNING

I understand that I will be required to submit to a pre-employment physical and drug screening. I agree to such testing at the company's expense. I authorize release of the results to the company and its use to evaluate my suitability for employment. I release the company and its agents from all liability incident to the drug testing and understand that if I am hired, I may be required to undergo further urinalysis for drug testing, under certain circumstances, and I agree to these tests on the same basis as above. I understand that either refusal to submit to the urinalysis screen or failure to qualify according to the minimum standards established by the company for this screen might disqualify me from further consideration for employment.

I hereby certify that all questions are correctly answered and authorize the company to contact my former employers and all other sources they deem necessary in order to verify facts and information furnished with regard to my character and qualifications which may also include a personal, motor vehicle record, and criminal background check. I also release the company and its agents from all liability which might result from conducting this investigation. I further understand that the completion of this form and any addendum thereto does not assure me of a position with this company. I further understand that any misleading or incorrect statements may render this application or any addendums, attachments, and any other supporting documents thereto void, and if employed, would be cause for immediate discharge.

Signature: _____

Date: _____