

RADA MFG. CO.

NOTICE TO APPLICANTS

Screening tests for illegal drug use is a pre-employment requirement and is also randomly carried out during employment with our company.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, or veteran status.

APPLICATION FOR EMPLOYMENT

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Last Name		First	Middle	Date
Street Address				Home Telephone
City, State, Zip				Cell Telephone
Have you ever applied for employment with us ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____				Social Security #
Position Desired		1st Shift, 2nd Shift or Any?		Pay Expected
Are you available for full-time work?				Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in the United States?				When will you be available to begin work?
Other special training or skills (languages, machine operation, etc.)				
Are you employed at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How did you learn of our organization?			Are you related to anyone under our employment?	

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School	Name and Location of School	Courses of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT

Please give accurate, complete full-time & part-time employment record. Start with your present or most recent employer.

1	Company Name	Telephone ()
	Address, City, State, & Zip	Employed (State month & year) From To
	Name of Supervisor	Hourly pay rate Start Final
	State job title and summarize the nature of work performed & job responsibilities	Reason for leaving

2	Company Name	Telephone ()
	Address, City, State, & Zip	Employed (State month & year) From To
	Name of Supervisor	Hourly pay rate Start Final
	State job title and summarize the nature of work performed & job responsibilities	Reason for leaving

3	Company Name	Telephone ()
	Address, City, State, & Zip	Employed (State month & year) From To
	Name of Supervisor	Hourly pay rate Start Final
	State job title and summarize the nature of work performed & job responsibilities	Reason for leaving

M I L I T A R Y	<i>COMPLETE THIS SECTION IF YOU SERVED IN THE U.S. ARMED FORCES</i>	Branch of Service
	Describe your duties and any special training	Period of Active Duty From To
		Rank at Discharge
		Date of Final Discharge

S I G N A T U R E	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.	
	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 and with or without prior notice.	
	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.	
	_____	_____
	Signature of Applicant	Date