



MDL Manufacturing Industries, Inc.

15 Commerce Court • Bedford, PA 15522

# APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, handicap, veteran status or any condition prescribed by state or local law.

# Personal Information

Last Name	First	Middle	Date
Street Address			Home Phone
City, State, Zip			Cell or Business Phone
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Email Address Pay Expected Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
Position Desired			When will you be available to begin work?
Apart from absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work?			Are you legally eligible for employment in the United States?
Have you ever been convicted of any crimes in the past ten years, excluding misdemeanors, and summary offenses, which have not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full			Other Special training or skills (languages, machine operation, etc.):
Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			

# Education

School	Location	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 History

We may contact the employers listed below unless you indicate those you do not want us to contact.

Company Name	Telephone
Address	Employed: From To
Name of Supervisor	Weekly Pay: Start \$ Last \$
Job Title	Reason for Leaving
Description of Work <i>(be as detailed as possible)</i>	
<input type="checkbox"/> Okay to contact	

Company Name	Telephone
Address	Employed: From To
Name of Supervisor	Weekly Pay: Start \$ Last \$
Job Title	Reason for Leaving
Description of Work <i>(be as detailed as possible)</i>	
<input type="checkbox"/> Okay to contact	

Company Name	Telephone
Address	Employed: From To
Name of Supervisor	Weekly Pay: Start \$ Last \$
Job Title	Reason for Leaving
Description of Work <i>(be as detailed as possible)</i>	
<input type="checkbox"/> Okay to contact	

# Military History

Did You serve in the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what branch?
Describe any training received relevant to the position for which you are applying.	

## Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.  
(Exclude those which may disclose your race, color, religion, age or national origin.)

## Applicant Signature

**Please read and understand this statement before signing your application:**

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and “references” I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

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

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

# Questionnaire Supplement

Please check all that applies and write in any additional information necessary.

<p><b>Machinist Skills:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Manual Mills</li> <li><input type="checkbox"/> Manual Lathes</li> <li><input type="checkbox"/> CNC Mills – Vertical</li> <li><input type="checkbox"/> CNC Mills – Horizontal</li> <li><input type="checkbox"/> CNC Turning</li> <li><input type="checkbox"/> CNC Lathes</li> <li><input type="checkbox"/> Wire EDM</li> <li><input type="checkbox"/> 5-Axis Machining</li> <li><input type="checkbox"/> Multi-Surface Machining</li> <li><input type="checkbox"/> CMM</li> <li><input type="checkbox"/> CNC Turning</li> </ul>	<p><b>Equipment Skills:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Shears</li> <li><input type="checkbox"/> Punch Press (CNC Turret)</li> <li><input type="checkbox"/> CNC Press Brake</li> <li><input type="checkbox"/> CNC Laser</li> </ul>
<p><b>CAD/CAM Software:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> AutoCAD</li> <li><input type="checkbox"/> Pro-E</li> <li><input type="checkbox"/> Other: _____</li> </ul>	<p><b>Software Skills:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Microsoft Office</li> <li><input type="checkbox"/> Excel</li> <li><input type="checkbox"/> Access</li> <li><input type="checkbox"/> Word</li> <li><input type="checkbox"/> Shop Management: _____</li> <li><input type="checkbox"/> Other: _____</li> <li><input type="checkbox"/> Accounting: _____</li> </ul>
<p><b>Welder Skills:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> TIG             <ul style="list-style-type: none"> <li><input type="checkbox"/> Stainless</li> <li><input type="checkbox"/> Aluminum</li> <li><input type="checkbox"/> Titanium</li> </ul> </li> <li><input type="checkbox"/> MIG             <ul style="list-style-type: none"> <li><input type="checkbox"/> Stainless</li> <li><input type="checkbox"/> Aluminum</li> </ul> </li> <li><input type="checkbox"/> Robotic Welder</li> <li><input type="checkbox"/> Layout experience</li> <li><input type="checkbox"/> Combination Square</li> <li><input type="checkbox"/> Micrometers</li> <li><input type="checkbox"/> Dial Calipers</li> <li><input type="checkbox"/> Blueprint Reading</li> <li><input type="checkbox"/> Welding Symbols</li> <li><input type="checkbox"/> Certifications</li> </ul>	<p><b>Special Training/Experience:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Lean Manufacturing</li> <li><input type="checkbox"/> Plant Safety</li> <li><input type="checkbox"/> Cycle-Time</li> <li><input type="checkbox"/> Inspection</li> <li><input type="checkbox"/> Estimating</li> <li><input type="checkbox"/> Purchasing</li> <li><input type="checkbox"/> Scheduling</li> <li><input type="checkbox"/> Repairs</li> <li><input type="checkbox"/> ISO9000, 9001, 9002</li> <li><input type="checkbox"/> Management: _____</li> <li><input type="checkbox"/> Other: _____</li> </ul>

## References

Please list any references that we may contact.

Name	
Phone	How long have you known this person?

Name	
Phone	How long have you known this person?

Name	
Phone	How long have you known this person?