

Mankato Screw Products

308 S. McKinzie Street, Mankato MN 56001

Application for Employment

Please print.

GENERAL INFORMATION

Name _____ Date _____

Present Address _____
Street City State Zip Code

Telephone Number _____ Alternate Phone _____

Are you 18 years or older? Yes No

Are you legally eligible to work in the United States? Yes No
(If hired, verification will be required by law.)

EMPLOYMENT DESIRED

Position applied for _____

Do you want to work Full-time Part-Time Temporary

Date available to start work _____ Salary Expectations _____

Have you applied for employment with this company within the last 12 months? Yes No

Do any of your friends or relatives (other than spouse) work here? Yes No

If yes, state name, relationship, and location _____

Have you ever worked for us before? Yes No

If so, please provide your name of record at that time, job title, and dates of employment _____

How were you referred to Mankato Screw Products? _____

It is our policy to make reasonable accommodations for persons with disabilities in the hiring process. If your disability inhibits you at anytime during the application process, we will explore ways to provide assistance.

EDUCATION

Please complete in full. This information may be verified.

	SCHOOL NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	DIPLOMA/DEGREE/CERTIFICATE
HIGH SCHOOL				
TWO YEAR POST-SECONDARY COLLEGE				
GRADUATE SCHOOL				
DOCTORAL SCHOOL				

SPECIAL SKILLS AND ADDITIONAL TRAINING

Please describe any special job-related skills and qualifications acquired from employment, other education, or volunteer experiences, etc. Do not include any experiences that would indicate race, color, creed, religion, sex, sexual orientation, national origin, marital status, veteran status, disability, membership, or activity in a local commission, political affiliation, or age.

MISCELLANEOUS

Have you ever been discharged or asked to resign by any employer, whether or not listed on the next page? Yes No

If yes, please identify the employer(s); date(s) of termination and reason(s) for termination:

EMPLOYMENT HISTORY

Name of employer				Address		
Telephone number				Position		
Dates employed	From		To		Name and title of supervisor	
Salary or hourly wage				Reason for leaving		

Brief description of duties and responsibilities:

Name of employer				Address		
Telephone number				Position		
Dates employed	From		To		Name and title of supervisor	
Salary or hourly wage				Reason for leaving		

Brief description of duties and responsibilities:

Name of employer				Address		
Telephone number				Position		
Dates employed	From		To		Name and title of supervisor	
Salary or hourly wage				Reason for leaving		

Brief description of duties and responsibilities:

Name of employer				Address		
Telephone number				Position		
Dates employed	From		To		Name and title of supervisor	
Salary or hourly wage				Reason for leaving		

Brief description of duties and responsibilities:

REFERENCES

Please provide the names of three **business** references who are not related to you:

Name _____ Phone Number _____

Address _____ Occupation _____

Years known and in what capacity _____

Name _____ Phone Number _____

Address _____ Occupation _____

Years known and in what capacity _____

Name _____ Phone Number _____

Address _____ Occupation _____

Years known and in what capacity _____

SIGNATURE

Applicant: Please read the following carefully before signing this application.

1. I understand that if I am extended a conditional job offer, I will be asked to submit to testing for the current illegal use of specified drugs. If I refuse to consent or submit to drug testing or if I produce a positive test result for drugs, I will not be further considered for employment.
2. I understand that Mankato Screw Products policies and procedures may be modified at any time for any reason with or without notice.
3. I certify that the information given by me on this application and in resume/portfolio is true and accurate in all respects. I understand that the misrepresentation or omission of facts on this application, on my resume, or during any stage of the hiring process will eliminate me from further consideration or, if discovered after hire, will result in the termination of my employment.
4. I authorize Mankato Screw Products, Inc. and its representatives to contact my prior employers, former supervisors, company personnel, schools, and all others for the purpose of verifying the information that I have supplied during the selection process and for obtaining job-related information regarding my knowledge, skills, abilities, performance of duties, and compliance with policies. I authorize my prior employers to provide Mankato Screw Products with any job related information, personal or otherwise, they may have regarding me. I release all persons or companies from any liability or damages for obtaining or releasing information or verifying statements on this application, resume, and portfolio. I further authorize all employers, schools, and other persons to provide any information or transcripts that may be requested by Mankato Screw Products that will be used to determine if I am qualified to perform the job duties for which I am applying.
5. I understand that the information contained in the employment application or my being invited to participate in any state of the hiring process is NOT intended to create an employment contract between Mankato Screw Products, Inc. and myself. If an employment relationship is established, I understand that I have the right to terminate my employment at any time, for any reason or no reason, with or without notice, and Mankato Screw Products, Inc. has that same right.
6. I understand that if employed, I will comply with all policies, rules and procedures of Mankato Screw Products, Inc.

By signing below, I acknowledge that I have read, understood, and agreed with the above statements.

Date _____ Signature _____

***Application Procedure** Mankato Screw Products, Inc. may not interview all applicants for their vacancies. Those applicants to be interviewed will be contacted by Mankato Screw Products, Inc. Applications will be considered active for six months year following their submission. If you wish to be further considered after this time, please submit a new application.*

Essential Job Functions

Job Title: _____

Job Number: _____

Department: _____

<u>Physical Requirements</u>	<u>Working Conditions</u>	<u>Mental Requirements</u>
<input checked="" type="checkbox"/> Seeing – general	<input checked="" type="checkbox"/> Works alone	<input checked="" type="checkbox"/> Reading - simple
<input checked="" type="checkbox"/> Close vision	<input checked="" type="checkbox"/> Works w/ others	<input checked="" type="checkbox"/> Reading - complex
<input checked="" type="checkbox"/> Hearing/Listening	<input checked="" type="checkbox"/> Works around others	<input checked="" type="checkbox"/> Writing - simple
<input checked="" type="checkbox"/> Clear speech – simple	<input checked="" type="checkbox"/> Verbal contact w/ others_	<input checked="" type="checkbox"/> Writing – complex
<input checked="" type="checkbox"/> Clear speech – complex	<input checked="" type="checkbox"/> Face-to-face contact	<input type="checkbox"/> Clerical
<input checked="" type="checkbox"/> Motor coordination	<input checked="" type="checkbox"/> Shift work	<input checked="" type="checkbox"/> Memorization
<input type="checkbox"/> Dexterity	<input checked="" type="checkbox"/> Extended day	<input checked="" type="checkbox"/> Analyzing
<input type="checkbox"/> Grip strength	<input checked="" type="checkbox"/> Noise	<input checked="" type="checkbox"/> Perception/Comprehension
<input type="checkbox"/> Eye-Hand-Foot	<input checked="" type="checkbox"/> Vibration	<input checked="" type="checkbox"/> Math Skills
<input checked="" type="checkbox"/> Walking	<input checked="" type="checkbox"/> Mechanical Equipment	<input checked="" type="checkbox"/> Judgment
<input checked="" type="checkbox"/> Lifting	<input checked="" type="checkbox"/> Electrical Equipment	<input checked="" type="checkbox"/> Decision making
<input type="checkbox"/> 30 pounds	<input checked="" type="checkbox"/> Pressurized Equipment	<input checked="" type="checkbox"/> Independent action
<input checked="" type="checkbox"/> 50 pounds	<input checked="" type="checkbox"/> Motor vehicles	<input checked="" type="checkbox"/> Planning
<input type="checkbox"/> + 50 pounds	<input checked="" type="checkbox"/> Moving Objects	<input checked="" type="checkbox"/> Spatial Aptitude
<input checked="" type="checkbox"/> Pushing	<input type="checkbox"/> Fumes	
<input checked="" type="checkbox"/> Pulling	<input checked="" type="checkbox"/> Dirt/Dust	
<input type="checkbox"/> Climbing Flights	<input checked="" type="checkbox"/> Gases	
<input checked="" type="checkbox"/> Carrying	<input checked="" type="checkbox"/> Chemicals	<u>Operation of Other Equipment</u>
<input type="checkbox"/> 15 pounds	<input checked="" type="checkbox"/> Oils	(e.g. Data Myte, drill sharpener, surface grinder, optical comparator, etc.)
<input checked="" type="checkbox"/> 30 pounds	<input checked="" type="checkbox"/> Solvents	
<input checked="" type="checkbox"/> Kneeling	<input type="checkbox"/> Acids	
<input checked="" type="checkbox"/> Stooping	<input type="checkbox"/> Base	
<input checked="" type="checkbox"/> Bending	<input checked="" type="checkbox"/> Extreme Heat	<input checked="" type="checkbox"/> Lathes
<input type="checkbox"/> Sitting	<input checked="" type="checkbox"/> Extreme Cold	<input checked="" type="checkbox"/> Forklift
<input checked="" type="checkbox"/> Reaching		<input checked="" type="checkbox"/> Screw Machine
<input checked="" type="checkbox"/> Flexibility		
<input checked="" type="checkbox"/> Upper Body	<u>Stress Factors</u>	
<input checked="" type="checkbox"/> Lower Body	<input checked="" type="checkbox"/> Repetition	
<input checked="" type="checkbox"/> Standing	<input type="checkbox"/> High Pressure	
<input checked="" type="checkbox"/> Repetitive Motion	<input checked="" type="checkbox"/> Fatigue	
<input type="checkbox"/> Hand	<input checked="" type="checkbox"/> Boredom	
<input checked="" type="checkbox"/> Wrist	<input checked="" type="checkbox"/> Hazards	
<input checked="" type="checkbox"/> Arm	<input checked="" type="checkbox"/> Production deadlines	
<input checked="" type="checkbox"/> Figures		

I have reviewed the information on this form and I am able to meet these essential requirements.

I would like to discuss accommodations.

Signature

Date

Signature

Date

Any requests for accommodations will be considered on a case-by-case basis.