

CHALMERS CORPORATION

AT WILL APPLICATION FOR EMPLOYMENT

Pre-Employment Questionnaire • Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last Name, First, Middle or Initial)		Social Security Number	
Present Address:	City	State	Zip Code
Permanent Address	City	State	Zip Code
Phone Number(s)	Mobile Phone Number	Referred by	

EMPLOYMENT DESIRED

Position	Date you can start	Salary/Wage Desired
Are you Employed? YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, may we contact your present employer? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you applied to this company before? YES <input type="checkbox"/> NO <input type="checkbox"/>	Where?	When?
Do you have any relatives employed By Chalmers Corporation? YES <input type="checkbox"/> NO <input type="checkbox"/>		

If yes, List their name(s)

NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL			
HIGH SCHOOL			
COLLEGE			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

GENERAL

Subjects of special study/research work or special training/skills

FORMER EMPLOYERS (List Below Last Four Employers, Starting With the Last One First)

DATE MO. & YEAR	NAME, ADDRESS & PHONE NUMBER OF FORMER EMPLOYERS	SALARY/WAGE	POSITION	REASON FOR LEAVING

(Continued on other side)

REFERENCES

Give below the names of three persons not related to you, whom you have known for at least one year:

NAME	ADDRESS	PHONE #	YEARS KNOWN

AUTHORIZATION:

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 shall be ground for dismissal.

I authorize investigation of all statements contained herein and the referenced and employers listed above to give you any and all information concerning my previous employment and any pertinent information that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of item, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

By signing this Employment Application, Applicant/Employee acknowledges and agrees that any employment disputes will be adjudicated by binding arbitration, as per Chalmers Corporation policy.

DATE _____ SIGNATURE _____

INTERVIEWED BY: _____ DATE _____

REMARKS: _____

NEATNESS _____ CHARACTER _____

PERSONALITY _____ ABILITY _____

HIRED _____ POSITION _____ WILL REPORT _____ SALARY WAGES _____

APPROVED _____
President

Chief Financial Officer

Dept. Manager