

Application for Employment
An Equal Opportunity Employer



Statement of Purpose

We will lead the markets we serve with innovative products, solutions and technological advances in a relentless pursuit to exceed customer expectations.

We will create a culture that promotes teamwork, integrity and respect for our customers, our suppliers, and ourselves.

We are intolerant of mediocrity and dedicated to continuous Improvement as a way of life.

As a result, **Hill PHOENIX** will enhance the success of our customers, the return to our shareholders, and the satisfaction of our employees.

Personal Data

Date of Application _____

(*Note: this application will be considered active for a period of 60 days)

In order that we may better understand your qualifications and interest and to assure you the fullest consideration, please complete all of the items listed. (Type or print).

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER ¹
PRESENT ADDRESS			TELEPHONE
CITY	STATE		ZIP CODE

Are you legally authorized to work in the United States? YES NO

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? YES NO

If you are under 18, can you furnish a work permit if it is required? YES NO

Have you ever been employed by our company or any company affiliate? YES NO

If yes, when and in what department? _____

What prompted you to apply to our company for employment? _____

Position/Type of work desired _____

APPROXIMATE STARTING SALARY EXPECTED	AVAILABLE TO WORK SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE
WILLING TO RELOCATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	GEOGRAPHIC PREFERENCE	

¹ Optional – failure to submit your social security number on this form will not prohibit employment consideration. Your social security number may be required on other forms prior to employment.

Education

List all educational institutions in order of attendance starting with the last high school attended.

School Name and Location	Degree	Major	Cumulative Grade Point Average	Did you Graduate?
HIGH SCHOOL				
COLLEGES				
TECHNICAL/GED/OTHER				

Are you planning to further your education? If yes, when _____.

Office Skills

Check office equipment you can operate with or without reasonable accommodation:

Personal Computer Copy Machine Fax Multi-Line Phone Typing WPM _____

Computer Software Skills: _____

Other Office Related Skills: _____

Manufacturing Skills

Check production machinery you can operate with or without reasonable accommodation:

Electric Hand Tools Punch Press Brake Press Fork Lift Metal Spray Paint Welding

Other Manufacturing Skills: _____

Additional Information

Have you been convicted of a felony? YES NO

If "YES," please explain below giving a date, charge disposition and any other details you feel are appropriate. Conviction is not an automatic bar to employment, all circumstances will be considered.

References List three references, other than relatives.

Name and Occupation	Telephone Number	Relationship

Employment Record

Please provide a full accounting of your work experience since high school, including military service, if any. If a recent graduate, please include vacation work experience during college. Attach separate sheet if necessary.

PRESENT OR LAST EMPLOYER		TELEPHONE	
TYPE OF BUSINESS			
ADDRESS			
EMPLOYED FROM	TO	TITLE	SUPERVISOR
STARTING SALARY	PRESENT/ENDING SALARY		REASON FOR LEAVING
CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RESPONSIBILITIES			

PRESENT OR LAST EMPLOYER		TELEPHONE	
TYPE OF BUSINESS			
ADDRESS			
EMPLOYED FROM	TO	TITLE	SUPERVISOR
STARTING SALARY	PRESENT/ENDING SALARY		REASON FOR LEAVING
CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RESPONSIBILITIES			

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EMPLOYED FROM	TO	TITLE	SUPERVISOR
STARTING SALARY	PRESENT/ENDING SALARY		REASON FOR LEAVING
CAN WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
RESPONSIBILITIES			

Career Objectives *Tell us briefly about your immediate and long-term career objectives:*

Statement

I understand that:

- I understand that nothing contained in this employment application is intended to or does create an employment contract between the Company and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me, but if any are, I understand that no such promise or guarantee is binding upon the Company unless made in writing by the President of the Company. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the Company retains a similar right with or without cause.
- In the event of employment with the Company, I understand that any misrepresentation in this application, medical questionnaire, or in the course of employment will result in immediate termination. Moreover, I hereby certify that the facts set forth in the above employment application 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, including a post-offer physical examination, which may include a blood or urine test, as well as credit, driving record, employment and educational and criminal background investigations.
- Should any item in this application be determined to be unlawful or against public policy, such determination shall be effective only as to the affected item(s) and the remainder hereof shall continue to be applicable.
- If hired, I will agree to abide by the Company's Conditions of Employment.

Signature	Date
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I authorize the Company to obtain verification of all information considered pertinent by the Company.

Initial

Date

The Company and its affiliates are equal opportunity employers and do not discriminate on the basis of race, color, religion, sex, national origin, age, disability or on the basis of any other protected status in accordance with the requirements of applicable local, state and federal laws.

FOR COMPANY USE ONLY			
		<input type="checkbox"/> Exempt	<input type="checkbox"/> Non-Exempt
<input type="checkbox"/> Full Time	Starting Date _____	Job Title _____	
<input type="checkbox"/> Part Time	Starting Date _____	Job Title _____	
<input type="checkbox"/> Co-op	Annual Salary _____	Hourly Rate _____	