



M.R.S. Machining Co., Inc.

350 Industrial Park Drive Augusta WI 54722
715-286-2448 715-286-5239 fax

Employment Application Form

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

Date: _____

Last Name:	First:	M:
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Address:

City, State, Zip	Phone Number:
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Position Desired:	Are you eligible for employment in the US?:
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Shift Desired:	Wage Desired:
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When are you able to start work?	Do you have any physical restrictions? Please explain:
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Please list your schooling starting with High School:

	<u>School Name</u>	<u>Years of Study</u>	<u>Graduated?</u>	<u>Course of Study</u>
1.				
2.				
3.				
4.				

I have served in the U.S. Armed Forces:	Years & Dates & Branch:
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Please list your past employers **starting with the most recent**. MRS reserves the right to contact past employers.

Company Name:	Telephone:
Address:	Employed: (mth.yr) From To
Name of Supervisor:	Wage Made:
Title or describe your work:	Reason For Leaving:

Company Name:	Telephone:
Address:	Employed: (mth.yr) From To
Name of Supervisor:	Wage Made:
Title or describe your work:	Reason For Leaving:

Company Name:	Telephone:
Address:	Employed: (mth.yr) From To
Name of Supervisor:	Wage Made:
Title or describe your work:	Reason For Leaving:

Company Name:	Telephone:
Address:	Employed: (mth.yr) From To
Name of Supervisor:	Wage Made:
Title or describe your work:	Reason For Leaving:

Please list three references:

Name	Telephone
Address	Relationship

Name	Telephone
Address	Relationship

Name	Telephone
Address	Relationship

I understand that I may be required to pass a drug test before employment. I also understand MRS will check my employment records and my references given.

Applicant's Signature	Date
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