



Pier Foundry & Pattern Shop, Inc.

EMPLOYMENT APPLICATION

Pier Foundry & Pattern Shop, Inc. is an equal opportunity employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or disability.

Date of Application:			
	Month (MM)	Day (DD)	Year (YYYY)

51 State Street, St. Paul, MN 55107
PHONE: 651-222-4461 FAX: 651-222-4185
www.pierfoundry.com

PERSONAL

Last Name	First	Initial
Address		Home Telephone () -
City	State	Zip Code
		Cell Phone () -
Position Applied For	How did you hear about job opening?	Salary Desired
Have you ever been employed with the company before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list date(s) and job title(s)	
What was your reason for leaving the company?	Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list your emergency contact(s)	Name(s)/Relationship to you	Phone

EDUCATION

School Name	City, State, Country	Major Studies	Degree, Diploma, License or Certificate
High School:			
College/University:			
Vocational, Business, Other:			
List Any Professional Certifications:			
Other Special Knowledge, Skills or Qualifications:			

EMPLOYMENT HISTORY

List all past employment, starting with the most recent position. All information must be completed. You may attach a resume, as long as all requested information is provided.

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
Job Title/Position		Reason for Leaving
Duties & Responsibilities		

Employed From / /	Employer Name	Starting Salary
Employed Until / /	City, State, Country	Ending Salary
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Job Title/Position		Reason for Leaving
Duties & Responsibilities		

GENERAL

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	May we contact your current or previous employer(s) for references?
<input type="checkbox"/>	<input type="checkbox"/>	If hired, will you be able to work overtime?
<input type="checkbox"/>	<input type="checkbox"/>	Will you be able to perform the essential job functions for the position you are applying for with or without reasonable accommodation? (Ask to see job description if one is not provided.)
<input type="checkbox"/>	<input type="checkbox"/>	Are you legally eligible for employment in the United States?

CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that the hiring process will be terminated, or in the event of my employment by Pier Foundry, I shall be subject to dismissal, if any information that I have given in this application, in any resume or interview or any part of the hiring process is false or misleading, or if I have failed to give any information herein requested, or if I have withheld relevant information, regardless of the time elapsed after discovery. In addition, my employment is contingent upon successful completion of the pre-employment drug test.

I authorize Pier Foundry to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to Pier Foundry and will hold Pier Foundry and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information.

I understand that **nothing** in this employment application, the granting of an interview or my subsequent employment with Pier Foundry is intended to create an employment contract between myself and Pier Foundry under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or Pier Foundry at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents that verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

Signature

Date