

Application for Employment

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, color, national origin, religion, age, sex, disability, veteran status, or any other characteristic protected under local, state or federal law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER. Industrial Plating Company participates in the Tennessee Drug Free Workplace Program.

Instructions: Please complete the	Industrial Plating Company	Email: HR@industrialplating.com
following questions and submit to	Attn: Human Resources	
our Human Resources department	PO Box 16655	Fax :(423) 698-8920
	Chattanooga, TN 37416	
Name	First	M.I.
Last	FIFSI	M.I.
Street Address		
City	State	Zip
Tolonhono	Social S	Socurity #
Telephone	Social S	Security #
Type of work for which you wish to	be considered	
What source led you to make applic	cation with us?	

Employment History

Please list your <u>complete</u> employment history. List present or most recent employer first. Use an additional page, if necessary.

Employer	Employed (mo./Yr.) From: To:	Type of work performed	Present or last salary	Reason for leaving	
Address/City					
Name of Supervisor					
Employer	Employed (mo./Yr.) From:	Type of work performed	Present or last salary	Reason for leaving	
Address/City					
Name of Supervisor					
Employer	Employed (mo./Yr.) From:	Type of work performed	Present or last salary	Reason for leaving	
Address/City					
Name of Supervisor					

Education

Schools	Name/Location	Circle Last Yr. Completed	Major Courses	Diploma/Degree
High School		7 8 9 10 11 12		
College		1 2 3 4 more		
Business or Trade		Months Attended		
If you served in the	United States Am	ned Forces, briefly describe th	e skills you acquire	ed:
Personal Inf	ormation			
	furnish documents to verify y	he U.S.? Yes No No No ure eligibility for employment in accordance uments.	with the Immigration Reform	n and Control Act and
Are you at least 18	years of age? Yes	s □ No □		
A conviction does not automa		•	charges against yo	u?
If you are an experi	enced operator of	any machines or equipment, p	olease list:	
				-
Do you have any ot	her skills you wish	to mention?		
		No □ If so, may we contact y		-
ii nirea, wnen would	ı you be avallable?	?		

What are your salary requirements?_____

References	
Name	
Occupation	
Address	
City, State, Zip	
Telephone Number	
Defense	
References Name	
Occupation	
Address	
City, State, Zip	
Telephone Number	
References	
Name	
Occupation	
Address	
City, State, Zip	
Telephone Number	

This is not legal advice. Employer should review this Application for Employment with local counsel prior to use, as each state has its own set of laws which relate to discrimination and hiring practices.

*For	additional	references.	nlease	attach a	senarate	sheet
1 01	additional	10101011003,	produce	attacii a	Soparate	Silcet.

I certify that the answers given by me to the foregoing questions and statements are true and correct to the best of my knowledge without consequential omissions of any kind. I agree that the Company shall not be held liable in any respect if my employment is rejected or subsequently terminated because of false statements, answers or omissions made by me in this application. I understand that any misleading or incorrect statements may render this application void, and if employed, may lead to employment termination. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug testing may be included as part of the regular pre-employment physical. I also voluntarily and knowingly authorize the companies, schools or persons named above to give any information requested regarding my former employment, character and qualifications. I hereby voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless said companies, schools or persons from any and all liability for any damages for issuing this information, except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment, which the party disclosing such facts knows to be untrue. In consideration of my employment, I agree to conform to the rules and regulations of this organization. My employment and compensation can be terminated with or without cause and with or without notice, at any time, at the option of either my employer or myself.

Signature	Date	
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