



Application for Employment

Position applied for:

Date



Month Day Year

Full Name *

First Name Middle Initial Last Name

Address *

Street Address

Street Address Line 2

City State / Province

Postal / Zip Code Country

E-mail *

example@example.com

Best Phone Number *

Area Code Phone Number

Please list 3 Professional References

#1 Name *

First Name Last Name

Email

example@example.com

Phone Number *

Area Code Phone Number

#2 Name *

First Name Last Name

Email

example@example.com

Phone Number *

Area Code Phone Number

#3 Name *

First Name Last Name

Email

example@example.com

Phone Number *

Area Code

Are you interested in: *

- Full-time
- Part-time
- Temporary

How did you hear about the position *

- Classified Ad
- Radio
- Internet search
- MT2 website
- Job Posting online

Available start date: *



Month Day Year

In what local area do you prefer to work?

Do you have a valid driver's license?

Yes

No

Are you authorized to work and remain in the United States?

Yes

No

Are you under 18 years of age?

Yes

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Metals Treatment Technologies, LLC will verify the status of every individual offered employment with the Company. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Metals Treatment Technologies, LLC is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Metals Treatment Technologies, LLC complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Metals Treatment Technologies, LLC also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

Have you served in the U.S. Armed Forces?

Yes

No

If Yes, Branch:

Date Entered Active Duty:



Month Day Year

Date Released Active Duty:



Month Day Year

Education:

Are you presently attending school?

Yes

No

Type of Education: College/University

Name of Institution

Field of Study

Type of Degree

Did you Graduate?

Yes

No

Professional Licenses or Designations

DESIGNATION

GRANTING ORGANIZATION

Date Issued



Month Day Year

Expiration Date



Month Day Year

DESIGNATION

GRANTING ORGANIZATION

Date Issued



Month Day Year

Expiration Date



Month Day Year

TYPE OF LICENSE

STATE

LICENSE NUMBER

TYPE OF LICENSE

STATE

LICENSE NUMBER

Equipment Operated:

Employment History

Massachusetts applicants may include any verified work performed on a volunteer basis. Beginning with your present or most recent experience, account for all employment during the past ten (10) years. To elaborate, a supplemental sheet or resume may be attached, but cannot be substituted for a completed application. Include military service if applicable.

Name of Employer:

Job Title:

Phone Number

Area Code

Phone Number

Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Supervisor:

Date started



Month Day Year

Date ended



Month Day Year

Reason for Leaving:

Description of Duties:

Do you have additional employers to enter?

Yes

No

Name of Employer:

Job Title:

Phone Number

Area Code

Phone Number

Address:

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Supervisor:

Date started



Month Day Year

Date ended



Month Day Year

Reason for Leaving:

Description of Duties:

Inquiry may be made of your current and former employers/schools you attended.

May we contact your present employer?

Yes

No

May we contact your former employers?

Yes

No

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached form to the company for the purpose of obtaining employment. I acknowledge that the use of this form, and my filling it out, does not indicate that any positions are open, nor does it obligate the company to further process my application. My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

Date



Month Day Year

EQUAL EMPLOYMENT OPPORTUNITY

The following information we are soliciting is strictly voluntary. This form will be kept separate and confidential from the application.

Information provided on this form will not be considered in any employment decision but is for statistical purposes only.

Do you have any physical or mental disabilities which may limit your ability to perform essential functions of this job or which would require any special accommodations?

Yes

No

If Yes, Please explain: