



Application for Employment
 Answer all questions completely and accurately.
 Type N/A if a question is not applicable to you.
 Attach extra pages as needed. Falsification of this form will result in your rejection or dismissal from employment.

911 North Second Street
 Coldwater, OH 45822-8736
 Phone: 419-678-4877
 Fax: 419-678-3565
 Email: info@coldwatermachine.com
 Website: Coldwatermachine.com

<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>		
Present street address		Home telephone number	Between what hours may you be reached at this number?	
City	State	Zip code	County	How long at this address? Yrs. Mths.
Last previous address: Street		City	State	Zip code
What position are you applying for?		Type of Employment (Check one): <input type="checkbox"/> Full time <input type="checkbox"/> part time <input type="checkbox"/> intern/co-op		What is the wage rate you will accept? (\$ Per hour; \$ Per week; \$ Per month)
List name and relationship of direct relatives currently employed by Coldwater Machine Company. (Direct relatives are considered as: Parents, Children, Spouse, Brothers, Sisters, Half-brothers, Half-sisters and grandparents. These relatives are also considered direct if they become relatives through a legal adoption.)				
Since the age of 16, have you ever been known by any other name other than the name listed on the first part of this application? (Check one <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give name and period used:				
Have you ever applied here before? (Check one <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate date: _____ Have you ever interviewed here before? (Check one <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate date: _____				
Referred to C.M.C. by _____				

Personal references (name of persons- not relatives- who can provide work and/or character references)	Phone number	Years known	Occupation/Relationship
Name & address			
Name & address			

EDUCATION AND TRAINING (Include all schools attended, even if only for a short time)

Name of School / College / Institution	Location (City, State & Zip)	Type of Degree / Major Concentration	Did you graduate? If No, Years Completed
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
GED Certification			<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade School/Technical School/Associate Degree			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT RECORD - Begin with current or most recent employer. Account for all time since completion of school.

Employer	Address (Number, Street, City, State and Zip)	Telephone Number	Position / Title
Describe duties and hours worked per week.			
Dates Employed (Mo/Yr) From: To:	Base Pay \$ Per	Avg O.T. Hours wk	Bonus, Etc.
Name/Title of Supervisor			Describe Reason for Leaving (Check one) <input type="checkbox"/> 100% My decisio <input type="checkbox"/> 100% company decisior <input type="checkbox"/> laid off other : _____

Please continue application on page 2 & 3...



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JOB SPECIFIC QUESTIONNAIRE

What qualifications, experience and strengths do you hold that would make you successful in this position *(please be specific)*:

List your weaknesses and/or areas for improvement you recognize that are applicable to the position applied for: *(please be specific)*:

What are your career objectives in the next 1, 3, and 5 years? *(please be specific)*:

ADDITIONAL INFORMATION

List skills: Typing speed, shorthand, Microsoft office equipment, other generic office equipment, computers/software programs, engineering software programs:

List any specific manufacturing machinery you can operate and any special professional licenses that you hold along with the expiration date (i.e. forklift license, train-the-trainer, CPA, SPHR):

Please list any training courses you have taken (including OSHA 10, forklift, crane hoist, safety, professional development, leadership courses/seminars, etc.):

Please present any additional information concerning your work objective, interest and experience which will be helpful in evaluating your qualifications. Include business / professional organizations, honors, leadership examples, etc. You are not required to divulge any information which discloses race, national origin, color, religion, citizenship, military status, age, sex, pregnancy, physical or mental disability, union involvement or membership in any other protected class.

Please state why you want to work for Coldwater Machine Company and how you would be of value to this Company:

GENERAL QUESTIONS - Any reference to C.M.C. refers to Coldwater Machine Company

Section I. Check "Yes" or "No" for each question; (If "No" is checked, fill out right hand column.)

Employment Eligibility Elements

Question:

Answer:

1. Do you have U.S. citizenship or authorization to work in the U.S.? Yes No
 2. Are you age 18 or older? Yes No
- Ability - Are you able to:**
3. Solve practical problems? Yes No
 5. Train others? Yes No
 6. Work in a team? Yes No
 7. Read diagrams, tables and graphs? Yes No
 8. Accurately perform arithmetic calculations? Yes No
 9. Read blueprints and interpret same? Yes No
 10. Follow detailed instructions? Yes No
 11. Maintain high levels of work productivity? Yes No
 12. Maintain high levels of work quality? Yes No
 13. Maintain high levels of concentration for long periods of time? Yes No
 14. Plan your own work? Yes No

Availability

15. Do you have reliable transportation to work? Yes No
16. Are you willing to come to work on-time every work day? Yes No
17. Are you willing to work any shift (day, evening or night)? Yes No
18. Are you willing to work overtime on any week day? Yes No
19. Are you willing to work overtime on any weekend? Yes No
20. Are you willing to work in any department? Yes No
21. Are you willing to rotate to different work assignments at any time? Yes No
22. Are you willing to perform any task that needs to be done? Yes No
23. Are you available to start work within two weeks of receiving C.M.C.'s job offer? Yes No

Working Conditions- Are you willing to:

24. Assist daily in maintaining a clean work environment? Yes No
25. Wear a C.M.C. uniform at work? Yes No
26. Wear all C.M.C. and O.S.H.A. required safety equipment at work? Yes No
27. Punch a time clock at the start and end of each shift? Yes No
28. Have only two paid 10-minute breaks and one unpaid 30-minute lunch period during each shift? Yes No
29. Report any injuries or illnesses to your supervisor? Yes No
30. Treat all associates with dignity and respect, regardless of race, sex, color, religion, National origin, age or handicap? Yes No
31. Accept a wage system based on individual merit? Yes No
32. Maintain the secrecy of confidential C.M.C. information? Yes No
33. Perform work that may expose you to dirt, dust, oil, grease? Yes No
34. Perform work that may expose you to loud noise? Yes No
35. Perform work that may expose you to unpleasant fumes or odors? Yes No
36. Prevent injuries from occurring to yourself or others? Yes No
37. Be held accountable for the quality and accuracy of your work? Yes No
38. Achieve goals for self-improvement? Yes No
39. Are you willing to follow all policies established by C.M.C.? Yes No
40. Did you complete all parts of this application yourself? Yes No
41. Are you willing to travel? Yes No

If yes, what percentage are you willing to travel %

42. Are you willing to relocate? Yes No
43. How many hours are you willing/able to work per week? (Check One) -20 20 40 40+ Other:

If you answered "NO" or were unable to answer any of these questions (1-40) please explain by writing the question number and your explanation below.

Question #	Explanation

Section II. Answer each question.

I. Working Conditions:

- A. Are you willing to work overtime and work past normal shift in order to complete projects over an extended period of time if needed? (Check One) Yes No

Certification

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind. I agree that the Company shall not be liable in any respect if employment is denied or terminated because of falsity of statements, answers or omissions (intentional or unintentional) made by me in this application of employment. I authorize the Companies, Schools, and other references named above to provide this information regarding me and to release personal information, academic records and any other pertinent records concerning me. I understand and agree that if I am employed; my employment will be "At Will" and may be terminated at any time, with or without cause.

Signature of applicant

Date

As a condition of employment, I agree to undergo medical examinations and drug and alcohol testing. I understand that an offer of employment is conditional upon the satisfactory results of the medical examination(s) and drug and alcohol testing. I also understand that refusal or failure to submit to such examinations and testing, falsification of a test or a positive finding on the drug and alcohol testing will remove me from consideration for employment. The use of this form does not indicate that there are positions open and does not in any way obligate the company.

Signature of applicant

Date

All qualified applicants will receive consideration without regard to age, handicap or disability, race, color, religion, sex, national origin, military status or ancestry.

Coldwater Machine Company is an Equal Opportunity Employer