



Date _____

Gear Company of America
Application for Employment
“An Equal Opportunity Employer”

OFFICE USE ONLY

Dept: _____

Class: _____

Shift: _____

\$/Hr: _____

Signature: _____

Name _____

Address _____ Phone: _____

City _____ State _____ Zip code _____

Are you eligible to hold employment in the United States yes no

Education:

Name of School Attended	Yrs.	Field / Degree

Military: Branch of Service: _____ Dates: _____ to _____

Prior Employment- List Most Recent First:

1.) Name of most recent employer: _____

Address _____

Starting Date _____

Ending date _____ Ending salary _____ Per hr _____

Position: _____

Reason for Leaving/ Termination _____

Description of Duties: _____

2.) Name of previous employer: _____

Address _____

Starting Date: _____

Ending date: _____ Ending salary _____ Per hr _____

Position: _____

Reason for leaving/termination: _____

Description of
Duties: _____

Have you ever convicted of a misdemeanor involving theft, misrepresentation or moral turpitude or any felony? If so provide date, place of conviction, and type of crime:

Special interest:(hobbies, activities, etc.):

Please list specific skills and/or experiences: (use the back of this sheet if necessary):

If you have any experience running any of the following processes, please check the box next to the operation. (Check all that apply):

Multispindle Screw Machines

CNC Turning / Milling

Gear Cutting

Broaches

Assembly

OD Grinding

ID Grinding

Surface Grinding

Honing

Drill Press

Heat Treating

Shipping

Inspection

Tool Sharpening

Straightening

Deburring

Material Handling

Janitorial

NOTICE TO EMPLOYEE APPLICANTS

ALL POTENTIAL EMPLOYEES WILL BE REQUIRED TO TAKE A PRE-EMPLOYMENT PHYSICAL THAT INCLUDES A NINE PANEL DRUG AND ALCOHOL SCREENING.

IMPORTANT
PLEASE READ BEFORE SIGNING

My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for Gear Company of America, Inc. to investigate the facts submitted and/or those with relevant information. Including, but without limitation, physicians, hospitals, schools, law enforcement agencies and my prior employers, to provide such information to Gear Company of America, Inc. and I release them from any liability for doing so. I hereby consent to undergo such medical examination as Gear Company of America, Inc. may require (which may include obtaining body tissue or fluid samples and analysis of them). I understand and agree that any falsification or omission either on this form or in my responses to questions asked during the interviewing or examination process or employment forms I may subsequently complete, including "I-9 forms, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered. I also understand that, if hired, my employment is to be "at will" and that either I or my employer may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and a duly authorized officer of Gear Company of America, Inc.

I agree that if I am employed by Gear Company of America, Inc. I will not disclose or otherwise use any proprietary or confidential information that comes into my possession during or after the course of such employment, whether with respect to products, customers, suppliers, or otherwise.

I understand that if employed, my employment will be subject to the conditions of any applicable probationary period established by labor agreement or company policy.

Signature _____

Date _____