

EMPLOYMENT APPLICATION

DIRECTIONS:

- Type or print, using blue or black ink
 - If you need additional space, attach a supplemental sheet
 - Sign the completed application
- PLEASE COMPLETE THE ENTIRE APPLICATION**

This company is an equal opportunity employer

Return via email to Drew Price at dprice@masterhandmilling.com

GENERAL

NAME (LAST)	(FIRST)	(MIDDLE)	DATE OF APPLICATION
ADDRESS		PHONE – DAY	PHONE – EVENING
CITY, STATE, ZIP CODE		PHONE – CELL	ARE YOU 18 YEARS OF AGE OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF HIRED, CAN YOU PROVIDE PROOF OF CITIZENSHIP OR LEGAL RIGHT TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS	

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE (including driving under the influence or similar offense) OTHER THAN MINOR TRAFFIC VIOLATIONS? YES NO
 IF YES, PLEASE EXPLAIN. A CRIMINAL CONVICTION WILL BE CONSIDERED ONLY IN RELATION TO THE JOB FOR WHICH YOU ARE APPLYING. SERIOUSNESS AND NATURE OF THE OFFENSE, TIME ELAPSED, AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.

POSITION

TYPE OF POSITION APPLYING FOR	HOW DID YOU HEAR ABOUT THIS JOB?	
DATE AVAILABLE:	<input type="checkbox"/> FULL-TIME REGULAR <input type="checkbox"/> PART-TIME REGULAR	WAGE/ SALARY EXPECTED
POSITION DESIRED:	<input type="checkbox"/> TEMPORARY	

EMPLOYMENT RECORD

LIST MOST RECENT EMPLOYMENT FIRST

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

START DATE	END DATE	FINAL POSITION TITLE	FINAL WAGE/SALARY	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		LAST SUPERVISOR'S NAME		REASON FOR LEAVING
ADDRESS, CITY, STATE, ZIP				PHONE

POSITION DESCRIPTION

EDUCATION & TRAINING

COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
COLLEGE, UNIVERSITY, TECHNICAL SCHOOL	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
LAST HIGH SCHOOL ATTENDED	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE
OTHER	GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF DEGREE OR DIPLOMA	MAJOR SUBJECT	NAME OF SCHOOL CITY & STATE

LIST LICENSES, FOREIGN LANGUAGES, COMPUTER SKILLS, OFFICE EQUIPMENT, OR OTHER SKILLS & TRAINING YOU CONSIDER RELEVANT TO EMPLOYMENT AT THIS COMPANY.

LANGUAGE ABILITY—LIST THOSE YOU COULD USE IN YOUR WORK

ENGLISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	SPANISH	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>	OTHER	SPEAK <input type="checkbox"/>	READ <input type="checkbox"/>	WRITE <input type="checkbox"/>
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PROFESSIONAL ORGNAIZATIONS, ASSOCIATIONS, HONORS, CERTIFICATIONS, PROFESSIONAL LICENSES AND PUBLICATIONS YOU CONSIDER SIGNIFICANT. PLEASE INDICATE THE PROFESSIONAL LICENSE NUMBER AND ORGANIZATION OR STATE OF ISSUANCE

AUTHORIZATION

I hereby certify that the answers and statements to the foregoing questions are true and correct without any misstatements or omissions of any kind. I hereby agree that any falsification or omission contained in this information shall be considered good and sufficient cause for discharge from employment.

If I am seriously considered for employment, I will be asked to provide my Social Security number for purposes of conducting a background check and verifying my employment eligibility. I hereby authorize this company to investigate my background, work experience, criminal record, financial and credit record. Therefore, I hereby authorize the companies or persons named above to give any information concerning me or my employment. I further authorize and consent to the release of information pertaining to me from any companies, credit agencies or bureaus contacted by this company pertaining to the foregoing. I hereby release said companies, credit agencies or persons furnishing information to this company pursuant to this authorization from all liability for any damage whatsoever for issuing this information.

If I am hired, I hereby authorize the company to deduct from wages due me at any time the value of any unreturned company property of this company entrusted to me during the course of my employment.

I agree to abide by all employment and operational rules and regulations of this company now in force or that may be established.

I understand that my application will be considered for any appropriate job opportunity with this company that may exist now and for the next six months. It is my understanding that this notification may be made in person or by telephone. I FURTHER UNDERSTAND THAT THIS IS AN APPLICATION FOR EMPLOYMENT AND THAT NO EMPLOYMENT CONTRACT IS BEING OFFERED.

Date _____

Signature _____

NO PERSON SHALL BE DENIED EMPLOYMENT ON THE BASIS OF RACE, COLOR, ETHNICITY, NATIONAL ORIGIN, GENDER, RELIGION, OR DISABILITY.

REFERENCES

LIST THREE PERSONS, OTHER THAN RELATIVES OR PERSONAL FRIENDS, WHO HAVE KNOWLEDGE OF YOUR WORK EXPERIENCE AND/OR EDUCATION

NAME/TITLE	COMPANY	HOW DO YOU KNOW THIS PERSON?	PHONE

Elite Endeavors, LLC, d/b/a MasterHand Milling Reference Information

Applicant's First Name

Middle

Last

I give Elite Endeavors, LLC, d/b/a MasterHand Milling permission to obtain the references necessary to make a hiring decision and hold persons giving references free from any and all liability resulting from this process. I waive any provision impeding the release of this information and agree to provide any information necessary for the release of this information beyond that provided on the employment application and reference verification form.

Applicant's Signature

Date

Are you related to any current Elite Endeavors, LLC, d/b/a MasterHand Milling employee, in any way, including blood, marriage, adoption? No
 Yes

If yes, who? _____

PREVIOUS EMPLOYER INFORMATION

Company

Phone

From (Mo. & Yr.)

To (Mo. & Yr.)

Job Title

Reason for leaving

Supervisor's Name and Title

Describe duties briefly:

Starting Salary

Ending Salary

JOB INFORMATION

Were you ever counseled about attendance or tardiness? Yes No If yes, how often? _____

Did you have a performance review? Yes No What was your last performance review rating? _____

What comments did your supervisor make at that time? _____

Did you resign from this position? Yes No Were you laid-off? Yes No Were you fired? Yes No

Were you asked to resign or did you resign to avoid being fired? Yes No

Were you ever disciplined on the job? Yes No If yes, explain: _____

Are you eligible for rehire? Yes No If no, explain: _____

REFERENCE INFORMATION

When we speak to your former supervisor, we will ask him/her to rate your performance with regard to the following categories. Please rate yourself in the following categories as you feel he/she will rate you:

TEAMWORK: The degree to which you are willing to work harmoniously with others; the extent to which you conform to company policies.

Unsatisfactory Below Average Average Above Average Outstanding

DEPENDABILITY: The extent to which you can be depended upon to be available for work and do it properly; the degree to which you are reliable and trustworthy; the extent to which you are able to work scheduled days and times, as well as your willingness to work additional hours if needed.

Unsatisfactory Below Average Average Above Average Outstanding

INITIATIVE: The degree to which you act independently in new situations; the extent to which you see what needs to be done and do it without being

told; the degree to which you do your best to be a top employee.

Unsatisfactory Below Average Average Above Average Outstanding

QUALITY: The degree to which your work is free from errors and mistakes; the extent to which your work is accurate; the overall quality of your work.

Unsatisfactory Below Average Average Above Average Outstanding

CUSTOMER SERVICE: The degree to which you relate to the customer's needs and concerns.

Unsatisfactory Below Average Average Above Average Outstanding

OVERALL PERFORMANCE: The degree to which your previous employer was satisfied with your efforts and achievements, as well as your eligibility for rehire.

Unsatisfactory Below Average Average Above Average Outstanding

Authorization and Disclosure for Background Check

We value our employees, volunteers, safety of children in our care and the people whom we serve. In order to help safeguard those in our care, _____ has joined National Screening Bureau in conducting criminal background history checks on the volunteers and employees who have unsupervised contact with a child, the elderly or persons with disabilities.

Disclosure:

Please complete this form of basic information about you, which assures the best possible program and safety for all. All information obtained will be handled in a confidential manner. Information may contain information about your character, general reputation, personal characteristics, mode of living, qualifications and credentials. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I also understand you may make use of the internet including social networking sites. I understand that pursuant to the Fair Credit Reporting Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, NATSB, 920 N Tyler Suite 302, Wichita, KS 67212, toll free (877) 263-4405. I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency.

_____ **Oklahoma, Minnesota and California applicants** may obtain a copy of this consumer report by checking this line. This report will be sent to California applicants within three (3) days of the employer receiving the report.

_____ **California applicants only:** For consumer reports which were not obtained by a consumer reporting agency, by checking this line you waive the right to obtain a copy of the report. If unchecked, you will receive this report within 7 days of the employer receiving it.

California only: For reports obtained by NATSB, California applicants also may review the file NATSB maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer/Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal, civil records, driving records, employment verification, education verification, professional license verifications and others.

Authorization / Release of Information:

I have carefully read and understand the above Disclosure. I hereby authorize the obtaining of consumer reports and investigative consumer reports at any time after receipt of this authorization. I authorize without reservation, any party or agency contacted by National Screening Bureau or NATSB, acting on behalf of National Screening Bureau, to furnish information about my character, reputation, personal characteristics, credentials, and/or credit and indebtedness. I understand this may involve personal interviews with sources such as schools, employers, supervisors, friends, neighbors, associates, state, federal or local agencies, and public record or law enforcement agencies as well as driving record providers. I further authorize ongoing procurement of these reports at any time during my continued employment or contract for services, unless specifically prohibited by state law. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

< **PLEASE PRINT CLEARLY** >

Last Name	First Name	Middle Name	Other Names Used	
If Married – How Long	Maiden Name	Email	Other Email	
Home Address	City	State	Zip	How Long yrs mths
If less than 7 years at present address Previous Address	City	State	Zip	
Phone #	Sex M F	Date of Birth MM DD YYYY	Social Security #	Drivers License #
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval			Race	State Drivers License was issued in:

Signature: _____

Date: _____