



Employment Application

Application must be legibly prepared and all questions must be answered or marked "N/A" if not applicable. Deliberate falsification will result in withdrawal of any offer of employment, or immediate termination if hired.

Personal Data

Date _____

Name _____
Last First Middle

Present Address _____
Number Street City & State Zip Code Phone _____
Area Code Number

Permanent Address _____
Number Street City & State Zip Code Phone _____
Area Code Number

Felony Conviction

If you ever have been convicted of a felony under civil or military law, indicate where, what and the date or dates. Your explanation will not necessarily bar you from employment because factors such as date and the seriousness and nature of the felony as well as your work record since any such felony will be taken into account. Please explain: _____

* If this law is unclear to you, please ask your HR Representative to explain.

Are you legally eligible to be employed and continue your employment in the United States indefinitely? Yes ___ No ___

Emergency Contact

This section should not be completed until after a hiring decision has been made.

Name _____ Phone Number _____
Area Code Number

Address _____

Job Interests

_____ First Choice Second Choice Third Choice

Briefly describe the type of work you envision in your first choice. _____

Willing to Relocate? Yes ___ No ___ Geographical Preferences _____

Willing to travel _____% Expected monthly salary _____ Date Available for work _____

If you are not selected during the current employment effort and wish to be considered for future positions, within the next six months of filing this application, it is your responsibility to recontact General Carbide, in writing, prior to expiration of that period. Those applicants who fail to recontact us will not be considered for future openings unless a new application is completed at our hiring office.

VERIFICATION OF EMPLOYMENT AND EDUCATION IS A CONDITION OF EMPLOYMENT

It is the policy of General Carbide to employ, promote and otherwise relate to all employees and applicants for employment on the basis of individual merit, personal capabilities and performance without regard to race, color, religion, national origin, sex, or age. This policy extends also to qualified handicapped persons, disabled veterans of the Vietnam era, including the making of reasonable accommodations to the limitations of such a person.

AN EQUAL OPPORTUNITY EMPLOYER - M/F/H/V

School	1. Name of School 2. City, State	Attended		Circle year completed	Degree, Major and Date received	Grade Pt Avg Out of Possible
		From (Mo-Yr)	To (Mo-YR)			
High	1.			9 10 11 12		
	2.					
College	1.			1 2 3 4		
	2.					
College	1.			1 2 3 4		
	2.					
Graduate	1.			1 2 3 4		
	2.					
Other	1.					
	2.					

Scholastic honors, scholarships, assistantships, etc. _____

List memberships and offices held in activities other than those indicating race, color, religion, national origin, sex, age, handicap or veteran status, in which you participated in school. _____

Met College Expenses: Working _____% Parents _____% Scholarships _____% Other _____

Do you plan to further your education? () Yes () No Why? _____

List membership and offices held in community, social and/or professional organizations other than those indicating race, color, religion, national origin, sex, age, handicap or veteran status. _____

List personal interests and hobbies that are relevant to the job for which you are applying. _____

List titles of any published articles, including theses or dissertations, and patents granted. _____

List business machines you can operate and years of experience on each (e.g., typewriter, calculator, etc.). _____

List any skills or specialized training which might be beneficial on the job for which you are applying. _____

Your Typing speed _____ WPM

Your shorthand speed _____ WPM

United States Military Experience

Branch of U.S. Service	Date Entered	Date Discharged	Final Rank
Service or Special experience			

What interested you in General Carbide? _____

Have you ever worked for General Carbide? () Yes () No If yes, state location, job title, and dates.

Location	Title	Date From- To
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Have you, in the last ten (10) years, been given any disciplinary time off or been discharged by a former employer or been asked to resign. Your explanation will not necessarily bar you from employment because factors such as date and the seriousness and nature of the infraction as well as your work record since, will be taken into account. Please explain. _____

Employment record

References to resumes are not acceptable
(List all previous employers beginning with present or last employer)

Dates	1. Employer 2. Address 3. City, State	1. Job Title 2. Department 3. Supervisor	Job Responsibilities	Mo. Starting Salary Final
F R O M T O	1.	1.		
	2.	2.		
	3.	3.		
Reason For Leaving				
Dates	1. Employer 2. Address 3. City, State	1. Job Title 2. Department 3. Supervisor	Job Responsibilities	Mo. Starting Salary Final
F R O M T O	1.	1.		
	2.	2.		
	3.	3.		
Reason For Leaving				
Dates	1. Employer 2. Address 3. City, State	1. Job Title 2. Department 3. Supervisor	Job Responsibilities	Mo. Starting Salary Final
F R O M T O	1.	1.		
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F R O M T O	1.	1.		
	2.	2.		
	3.	3.		
Reason For Leaving				

List three (3) references who are ACQUAINTED WITH YOUR ACADEMIC PREPARATION OR BUSINESS EXPERIENCE

Name	Address	Occupation	Years Known

Applicants general comments (use separate sheet if necessary) _____

Read the following carefully before signing this application for employment.
To: General Carbide

I authorize investigation of all matters contained in this application. I agree that if, in your judgment, any misrepresentation including omissions of any requested information have been made by me or the results of your investigation are not satisfactory, any offer of employment made by you may be withdrawn or, if employed by you, my employment by you may be terminated immediately without any obligation to me other than for payment, at the rate agreed upon, for services actually rendered to you.

I consent to a physical examination by a physician designated by you and, if employed by you, agree to resubmit to each future examination you may require. I further agree to comply with company rules and regulations.

If employed by you, and in consideration of such employment and the compensation paid for my services, I will treat your sole benefit, and fully and promptly disclose and assign to you without additional compensation, all ideas, discoveries, inventions and improvements (patentable or not) which, while I am so employed and during one year immediately thereafter, are made, conceived or reduced practice by me, alone or with others, during or after usual working hours either on or off my job, and which are related to articles, machinery or methods made, used or sold by you or related to your business interests or which result from tasks assigned to me by you.

I agree, at your expense, at any time during or after such employment by you, to sign all papers and do such acts and things as you deem necessary or desirable and may reasonably require of me to protect your rights to such ideas, discoveries, inventions, and improvements, including applying for, obtaining and enforcing patents in any and all countries.

During and after such employment by you, I will not divulge or appropriate to my own use or to the use of others, except as you authorize or direct, any trade secrets or confidential information obtained or received by me during such employment by you.

(Notice to Prospective Employees)

Public law requires that we advise you that as a part of our procedure for processing your application an investigative report may be made where by information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are acquainted.

This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

_____ Date _____ Signature of Applicant

This section below not to be completed until after a hiring decision has been made.

Handicapped and Veteran Status

If you qualify as handicapped, a disabled veteran and/ or a veteran of the Vietnam era, and if you would like to be listed for purposes of our Affirmative Action Program, please so indicate. This information is voluntary and refusal to provide it will not subject you to adverse treatment. Any information you may provide will be kept confidential except to the extent it is necessary to reveal it as a result of some accommodation afforded you because of your handicap.

Handicapped: Yes___ No___ Disabled Veteran: Yes_____ No_____

("Disabled veteran" means a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at thirty percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.)

Veteran of Vietnam era: Yes_____ No_____

_____ Date _____ Signature