



ADVANCED MANUFACTURING PRODUCTION, LLC

1601 GRESSEL DRIVE

PO Box 303

DELPHOS, OH 45833

EMPLOYMENT@TEAMAMP.NET

INSTRUCTIONS: Please furnish complete and accurate information. Applications will be verified. Incomplete applications will not be considered. Please print clearly.

EMPLOYMENT DESIRED

Position Applying For	Date You Can Start	Salary Desired	Type of Employment
			Full-Time <input type="checkbox"/> Summer <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	

PERSONAL INFORMATION

LAST NAME FIRST NAME M.I.

ADDRESS (NUMBER AND STREET) CITY STATE ZIP CODE

PHONE (AREA CODE AND NUMBER) EMAIL ADDRESS

CHECK IF UNDER 18 YRS OF AGE

Only U.S. Citizens or Aliens who verify legal authorization to work in the U.S. are eligible for employment. Are you a U.S. Citizen or are you otherwise authorized to work in the U.S.? Yes No

List any friends or relatives working for us or who have worked for us _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a crime (example; Felony), exclude misdemeanors and summary offenses; which has not been annulled, expunged or sealed by a court? Yes No

If you answered yes to the above question, describe in full (include date, offense, and disposition):

(NOTE: Conviction or pending felony charges will not necessarily disqualify an applicant.)

WORK EXPERIENCE

Start with present or most recent position. Please attach resume if available.

COMPANY NAME		TYPE OF BUSINESS	
ADDRESS	CITY	STATE	TELEPHONE
EMPLOYED FROM	TO	JOB TITLE	IMMEDIATE SUPERVISOR
BASE STARTING SALARY	BASE SALARY LEAVING	ADDITIONAL COMPENSATION	EXPLAIN ADDL. COMPENSATION
DUTIES			
REASON FOR LEAVING			

_____ COMPANY NAME		_____ TYPE OF BUSINESS	
_____ ADDRESS	_____ CITY	_____ STATE	_____ TELEPHONE
_____ EMPLOYED FROM	_____ TO	_____ JOB TITLE	_____ IMMEDIATE SUPERVISOR
_____ BASE STARTING SALARY	_____ BASE SALARY LEAVING	_____ ADDITIONAL COMPENSATION	_____ EXPLAIN ADDL. COMPENSATION
_____ DUTIES			
_____ REASON FOR LEAVING			

_____ COMPANY NAME		_____ TYPE OF BUSINESS	
_____ ADDRESS	_____ CITY	_____ STATE	_____ TELEPHONE
_____ EMPLOYED FROM	_____ TO	_____ JOB TITLE	_____ IMMEDIATE SUPERVISOR
_____ BASE STARTING SALARY	_____ BASE SALARY LEAVING	_____ ADDITIONAL COMPENSATION	_____ EXPLAIN ADDL. COMPENSATION
_____ DUTIES			
_____ REASON FOR LEAVING			

HIGH SCHOOL / G.E.D.

_____ NAME	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ CITY	STATE _____ G.E.D.: Yes <input type="checkbox"/> No <input type="checkbox"/>

COLLEGE / UNIVERSITY

_____ NAME	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ CITY	STATE _____
_____ TYPE OF DEGREE	If no degree, credits earned: _____
_____ MAJOR	_____ MINOR

POST GRADUATE STUDIES

_____ NAME	Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>
_____ CITY	STATE _____
_____ TYPE OF DEGREE	If no degree, credits earned: _____
_____ MAJOR	_____ MINOR

TECHNICAL / OTHER

_____		Graduated: Yes <input type="checkbox"/> No <input type="checkbox"/>
NAME	_____	
CITY	STATE	
_____	If no degree, credits earned: _____	
TYPE OF DEGREE	_____	
MAJOR	MINOR	
OTHER TRAINING - List other training, qualifications and skills as drafting, apprenticeship, typing, computer (be specific when identifying computer skills), tools, equipment, instruments, and machinery you can operate.		
ACTIVITIES AND ACHIEVEMENTS - List position(s) held and length of time. (Do not include those which indicate race, color, religion, sex, age, national origin, disability or veteran status.)		