



EMPLOYMENT HISTORY

List your employment history for your last four (4) employers or the last ten (10) years, whichever is longer. If you held multiple positions within the same organization, give dates and titles for each job assignment separately. If you were employed under a different name, please indicate that name under that employer's section.

Employer:	Title:	Dates of Employment:	Wages and Compensation:
Address:	Phone Number:	Supervisor:	Responsibilities:

___ Full-Time Regular ___ Part-Time Regular ___ Temporary Assignment ___ Seasonal/Occasional ___ Other: ___

If this is your current employer, may we contact this employer? Yes ___ No ___

Employer:	Title:	Dates of Employment:	Wages and Compensation:
Address:	Phone Number:	Supervisor:	Responsibilities:

___ Full-Time Regular ___ Part-Time Regular ___ Temporary Assignment ___ Seasonal/Occasional ___ Other: ___

Employer:	Title:	Dates of Employment:	Wages and Compensation:
Address:	Phone Number:	Supervisor:	Responsibilities:

___ Full-Time Regular ___ Part-Time Regular ___ Temporary Assignment ___ Seasonal/Occasional ___ Other: ___

Employer:	Title:	Dates of Employment:	Wages and Compensation:
Address:	Phone Number:	Supervisor:	Responsibilities:

___ Full-Time Regular ___ Part-Time Regular ___ Temporary Assignment ___ Seasonal/Occasional ___ Other: ___



EDUCATION

Name, location, and phone number	Circle last year completed	Major course	Diploma or degree? (Yes or No)
High School:	7 8 9 10 11 12		
College:	1 2 3 4 more		
Business or Trade School:	Months attended		

PERSONAL INFORMATION

Are you legally eligible to work in the United States at this time? Yes _____ No _____
(Please Note: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act if selected for hire)

Will you at any point in the future require sponsorship for work authorization in the United States?
 Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

Any additional experience, skills, training, or qualifications that would be helpful in considering your application for employment (example: clerical, operating machines or equipment): _____

REFERENCES

Name of reference	Occupation	Address, City, State, Zip	Telephone number



**MUZA METAL PRODUCTS APPLICANT'S CERTIFICATION AND RELEASE
(READ CAREFULLY BEFORE SIGNING):**

My signature constitutes my certification that my responses are true and complete and that I have read and understand the following paragraphs. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for Muza Metal Products to investigate the facts submitted and for those with relevant information, including, but without limitation, schools, law enforcement agencies and my prior employers, to provide such information to Muza Metal Products, and I release them from any liability for doing so. A copy of this form shall serve as my authorization to release information and records.

I understand that if offered a position with Muza Metal Products, I will be required to undergo drug screening and submit to consumer or other investigative background checks as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests, and checks will result in withdrawal of any employment offer or termination of employment if already employed.

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 on employment forms I may subsequently complete, including the "I-9" form, 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 THE PRESIDENT OF MUZA METAL PRODUCTS.

By signing this Application, I specifically represent to Muza Metal Products, that to the best of my knowledge. I understand that this application form I am submitting will be valid for six (6) months from the date of application. If I wish to be considered for employment after this period, I must fill out and submit a new application.

I understand that applications and resumes will be accepted ONLY for open and/or listed position(s), and that I must specify the job for which I am applying.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE.

Signature _____ Date _____

Thank you for your interest in Muza Metal Products!