



Application for Employment

Advanced Powder Products, Inc. is an Equal Opportunity Employer. Applicants are considered on the basis of skills, experience and qualifications without regard to race, age, creed, color, national origin, gender, marital status or the presence of non-job-related medical disability or any other legally protected status.

PERSONAL DATA

Name (Last, First, Middle) _____ Today's Date _____

Address (Street) _____ City, State _____ Zip Code _____

Home Telephone Number _____ Cell Phone Number _____ Email Address _____

Best Number/Time of day to contact: _____

POSITION INFORMATION

Position Desired _____ Starting Salary Desired _____

How were you referred to us? _____ Are you 18 years old or older? Yes No

Days available to work: S M T W TH F S (circle) Full-time Part-Time On Call – As needed

Shifts: 6am to 2:30pm 2pm to 10:30pm 10pm to 6:30am Any

Available Start Date: _____ Drive Distance/Time to APP: _____

SPECIAL SKILLS

Computer Skills Internet Email

Excel Microsoft Word Power Point SolidWorks Access Website Design/Maintenance

Other _____

Quality Control Caliper Micrometer Carbon Testing Gauge R&R Capability Studies

ISO Internal Auditing Vision System Inspections Optical Comparator GD&T SPC

Other _____

Manufacturing

Weight Scale Mixing/Compounding Injection Molding Furnace Operations CNC/Machining

Other _____

Misc.

Safety/OSHA Electrical/Mechanical Sales/Marketing Other _____

Hobbies.

Are you legally eligible to work in the United States? If you need employer sponsorship to work in the United States, you must answer "No" to this question. Yes No

Do you now or will you in the future require employer sponsorship to work in the United States? Yes No

In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by our Company you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide acceptable documentation, we cannot legally employ you. Please note that this company uses E-Verify to confirm legal right to work status. Can you provide such documentation? Yes No

Have you ever, under your name or another name, been convicted of or pled guilty to a crime? A conviction means determination of guilt that is the result of a plea, including nolo contendere, or a trial. Please only disclose convictions above a summary offense.

Yes No

If yes, please explain. Conviction does not automatically exclude you from consideration for employment. However, failure to provide specifics will be considered an incomplete answer and your application will not be further considered.

Can you perform the essential functions of the job for which you are applying? Yes No (*If unsure, request job description.*)
If no, please list accommodations requested:

Do you authorize a background investigation including prior employers, education and criminal records? Yes No _____
(Initial here)

EDUCATIONAL INFORMATION

	Name/Location	Subjects Studied	Diploma/ Degree(s) Earned
High School			
Junior College/Trade School			
University/College			
Graduate School			
Other Certificate			
Other Certificate			

WORK HISTORY -- List most recent employer first. You may include military service and training.

Employer: _____ Address (street, city, zip code): _____ Telephone: _____
() _____
Supervisor's Name and Position: _____ Dates of Employment _____
From: _____ To: _____
Type of Business: _____ Position Held: _____ Ending Salary _____
Reason for Leaving: _____ May we contact now?
Yes No

Responsibilities:

Employer:	Address (street, city, zip code):	Telephone: ()
Supervisor's Name and Position:		Dates of Employment From: To:
Type of Business:	Position Held:	Ending Salary
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>

Responsibilities:

Employer:	Address (street, city, zip code):	Telephone: ()
Supervisor's Name and Position:		Dates of Employment From: To:
Type of Business:	Position Held:	Ending Salary
Reason for Leaving:		May we contact now? Yes <input type="checkbox"/> No <input type="checkbox"/>

Responsibilities:

REFERENCES -- List people who know your work. Do not include personal references.

Name	Professional Relationship	Work Telephone Number	Home Telephone Number

THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ THEM CAREFULLY BEFORE SIGNING THIS APPLICATION.

I authorize investigation of all statements contained in this application. I will not hold APP or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by APP additional personal data may be required for determination of benefits, statistical purposes and legal compliance.

I understand that all offers of employment may be conditional on my successfully completing a urinalysis for the purpose of detecting alcohol and/or illegal drugs. This will be performed at the APP designated medical facility and at APP's expense. I further understand that if alcohol and/or illegal drugs are found in my system, all offers of employment will be withdrawn.

I also understand that if I am employed by APP, my employment is "at will", that I or APP may terminate the employment relationship at any time, for any reason, with or without notice. I further understand that no employee of APP has the authority to modify this understanding orally or in writing except with the written permission of the President and CEO of APP.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND EACH AND ALL OF THESE STATEMENTS:

Signature (Acknowledgment)

Date