
Name

Job Classification

Date



COLUMBIA MACHINE WORKS, INC.

P. O. Box 1018
Columbia, TN 38401

(931) 388-6202 Phone
(931) 388-8128 Fax

Application for Employment

Columbia Machine Works, Inc.

-- Personal --

Date _____

Name _____
Last First Middle

Present Address _____ City _____ St. _____ Zip _____

Social Security # _____ Telephone # () _____

Are you 18 years or older? _____

(*The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.)

Position(s) applied for _____

Would you work full-time _____ part-time _____

Specify days and hours if part-time _____

If your application is considered favorably, on what date will you be available for work? _____

Rate of pay desired? _____

Are there any other experiences, skills or qualifications which you feel would especially fit you for work with the Company?

NOTE: After an employment offer has been made, a pre-employment physical will be required, at no cost to you, before you can become an active employee of Columbia Machine Works, Inc.

Record of Education

Note: Persons applying for custodial positions do not have to complete the Record of Education section.
Persons applying for skilled and semi-skilled positions complete only the vocational section.
Persons applying for clerical positions complete only high school, business or vocational sections.
Persons applying for technical positions complete only section applicable to technical training.
Persons applying for professional and manager positions complete only the section applicable to college and post-graduate training.

SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE OF STUDY	CHECK LAST YR COMPLETED	DID YOU GRADUATE?	LIST DIPLOMA DEGREE
ELEMENTARY			5 6 7 8	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
HIGH			1 2 3 4	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
COLLEGE			1 2 3 4	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
VOCATIONAL			1 2 3 4	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	
OTHER			1 2 3 4	Yes <input type="checkbox"/>	
				No <input type="checkbox"/>	

Have you any special skills, training or experience relating to the tool and die industry? _____

If yes, describe. _____

Have you any special skills, training or experience relating to the position you are seeking? _____

If yes, describe. _____

REFERENCE MATERIALS

SAMPLE CONSUMER NOTIFICATION

This is to inform you that a consumer report or an investigative consumer report may be obtained from a Consumer Reporting Agency for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee.

This report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living from public record sources or through personal interviews with your neighbors, friends or associates. You may also have a right to request additional disclosures regarding the nature and scope of the investigation.

CONSUMER AUTHORIZATION

I hereby Authorize and request any present or former employer, school, police department, financial institution, Consumer Reporting Agency or other persons having personal knowledge about me, to furnish bearer with any and all information in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand this Consumer Authorization is to be part of the written employment application which I sign.

I hereby confirm that this constitutes a stand alone, consumer notification that a report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment or retention as an employee. I further confirm that I have read and fully understand the contents of this notification and authorization.

Print Name _____

Signature _____ Date _____

Social Security Number (for identification purposes only) _____

If name changes (through marriage or otherwise), print former name here:

Federated provides this information as a service to our policyholders and their business advisors. The information is intended to be general in nature, and may change from time to time or may not apply to your situation. The information is believed to be accurate and reliable, however Federated accepts no responsibility for the correctness or completeness of this form. Contact your qualified business or legal advisor for additional advice and assistance.

PERSONAL REFERENCES (Not Former Employers or Relatives)

NAME AND OCCUPATION	ADDRESS	PHONE NUMBER

**LIST BELOW ALL PRESENT AND PAST EMPLOYMENT,
BEGINNING WITH YOUR MOST RECENT**

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Wkly. Starting Salary	Wkly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

May we contact the employers listed above? _____

If not, indicated by No. which one(s) you do not wish us to contact. _____

Have you ever been convicted of a crime in the past ten years, other than traffic offenses? _____

If so, state date and circumstances. _____

The facts set forth above in my application for employment are true and complete. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or omission of facts called may be deemed sufficient cause for rejection of this application or dismissal from employment.

Date _____ Signature of Applicant _____

I, _____, hereby authorize the proper party (current or former employer, credit or investigative agency, and/or personal acquaintance) to provide **Columbia Machine Works, Inc.** requested reference information and any other additional information which is felt would aid **Columbia Machine Works, Inc.** in reaching an employment decision. I will hold any person or company harmless who provides **Columbia Machine Works, Inc.** information concerning my employment record and character.

Signature _____

Date _____