



# Celina Aluminum Precision Technology Inc.

7059 Staeger Road • Celina, Ohio 45822

**FOR OFFICE USE ONLY**

Associate No.	Date of Hire	Position

**APPLICATION FOR EMPLOYMENT**  
 INSTRUCTIONS-Please print your answers using dark ink and in your own handwriting. Answer all questions completely and accurately. Write N/A if a question is not applicable to you. Do not reference your resume. Falsification of this form will result in your rejection or dismissal from employment.

**NAME** (Last) (First) (Middle)

Social Security Number

Home and/or Contact Phone Number  
 ( )  
 ( )

**PRESENT ADDRESS**  
 (Street) (City) (State) (Zip Code)

**LAST PREVIOUS ADDRESS**  
 (Street) (City) (State) (Zip Code)

**WHAT TYPE OF WORK ARE YOU APPLYING FOR?**  
 Production  Office  Management  Other

Full Time   
 Part Time

**WHAT IS THE MINIMUM WAGE RATE YOU WILL ACCEPT?**  
 \$ \_\_\_\_\_ per hour

**ARE YOU 18 YEARS OF AGE OR OLDER?**  
 Yes  No

**HAVE YOU EVER BEEN IN THE U. S. ARMED FORCES?**  
 Yes No If yes, name of branch \_\_\_\_\_

**HAVE YOU BEEN CONVICTED OF A FELONY?**  
 Yes No  
 If yes, describe in full:

List memberships in Professional/Service Associations you belong to (Exclude any organizations where the name or character of which may reveal race, religion, national origin, sex, or disability or it's members):

**EDUCATION AND TRAINING**

HIGH SCHOOL NAME AND LOCATION	Check which grade level completed				DID YOU GRADUATE OR RECEIVE A GED? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, why didn't you graduate from High School?
	FR	SOPH	JR	SR	

COLLEGE NAME AND LOCATION	Check which grade level completed				Did You Graduate?	Degree or Certificate	Course of study or Major
	FR	SOPH	JR	SR			

OTHER SCHOOLS OR PROGRAMS	Check which grade level completed				Did you Graduate?	Degree or Certificate	Course of study or Major
	FR	SOPH	JR	SR			

**OFFICE SKILLS** (List skills: Typing skills: Typing Speeds, Shorthand, Office Equipment, etc.)

**SPECIAL SKILLS** (List Machinery you can operate)

**SPECIAL LICENSES** (List any Special Licenses that you hold; Year Issued and Expiration date)

**APPLICANT USE THIS SPACE FOR ANY ADDITIONAL COMMENTS OR INFORMATION ABOUT EDUCATION TRAINING:**

<b>EMPLOYMENT RECORD</b>		Begin with current or most recent employer, including Military Service. Account for all time since completion of school.			Reason for leaving (check one)
<b>1. Company Name</b>	Dates Employed (Month/Year)	Salary per hour	Name & Title of Supervisor		Quit <input type="checkbox"/>
	From:	Start \$			
Address	To:	Last \$			
	Describe the work you did:				
Phone: ( )					Explanation:
Position/Title					
<b>2. Company Name</b>	Dates Employed (Month/Year)	Salary per hour	Name & Title of Supervisor		Quit <input type="checkbox"/>
	From:	Start \$			
Address	To:	Last \$			
	Describe the work you did:				
Phone: ( )					Explanation:
Position/Title					
<b>3. Company Name</b>	Dates Employed (Month/Year)	Salary per hour	Name & Title of Supervisor		Quit <input type="checkbox"/>
	From:	Start \$			
Address	To:	Last \$			
	Describe the work you did:				
Phone: ( )					Explanation:
Position/Title					
<b>4. Company Name</b>	Dates Employed (Month/Year)	Salary per hour	Name & Title of Supervisor		Quit <input type="checkbox"/>
	From:	Start \$			
Address	To:	Last \$			
	Describe the work you did:				
Phone: ( )					Explanation:
Position/Title					

If hired, can you furnish proof of right to work in U.S.?  
 Yes  No

Shifts available to work:  
 First  Second  Third

**REFERENCES:** Please provide two (2) former employers and two (2) personal references (not relatives)

NAME	EMPLOYER OR PERSONAL	PHONE NUMBER	YEARS KNOWN

**ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO AGE, HANDICAP OR DISABILITY, RACE, COLOR RELIGION, SEX, NATIONAL ORIGIN, MILITARY STATUS, ANCESTRY OR CITIZENSHIP. CELINA ALUMINUM PRECISION TECHNOLOGY INC. IS AN EQUAL OPPORTUNITY EMPLOYER.**

I certify that the answers given by me to the foregoing questions and statements are true and correct without omissions of any kind. I agree that the company shall not be liable in any respect if employment is denied or terminated because of falsity of statements, answers or omissions (intentional or unintentional) made by me in this Application of Employment. I authorize the companies, schools, and other references named above to provide this information regarding me and to release personal, academic and other records concerning me.

**I UNDERSTAND THAT MY EMPLOYMENT IS CONDITIONAL UPON PASSING A PRE-EMPLOYMENT MEDICAL EXAMINATION. I UNDERSTAND MY EMPLOYMENT IS CONTINGENT UPON PASSING A DRUG TEST AND VERIFICATION OF MY RIGHT TO WORK IN THE U.S.**

I understand that, if Celina Aluminum Precision Technology Inc. (CAPT) decides to employ me, my employment is to be at the will of CAPT and that I or CAPT may terminate the employment relationship at anytime and for any reason. I also understand that no member of management or other representatives of CAPT has the authority to enter into any agreement for employment for a specified period of time or to make any agreement contrary to the foregoing except through a written personal employment signed by the President or Executive Vice President of CAPT.

The use of this form does not indicate there are positions open and does not in any way obligate this Company.

\_\_\_\_\_  
 SIGNATURE OF APPLICANT

\_\_\_\_\_  
 DATE (Month/Day/Year)

## Voluntary Information for Equal Employment Opportunity Purposes

Below is a Voluntary Information Sheet that we would like you to complete. It will be used for Equal Opportunity purposes only.

The requested information is needed to measure the effectiveness of our equal employment policy. You are not required to furnish this information, but are encouraged to do so. CAPT will not discriminate in any way against you on the basis of this information; nor will the company discriminate against you if you choose not to respond to the request for this information.

The Voluntary Information Sheet will be kept in a confidential file and will not be considered for purposes of employment and will be separated from the application process.

Thank you for your interest in employment with Celina Aluminum Precision Technology Inc.

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

I wish to furnish this information       I do not wish to furnish this information

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. **(If you check this box, please do not mark any of the boxes below).**
- White (Not of Hispanic or Latino origin)** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African American (Not of Hispanic or Latino origin)** A person having origins in any of the black racial groups of Africa.
- American Indian or Alaska Native (Not of Hispanic or Latino origin)** A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- Asian (Not of Hispanic or Latino origin)** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.
- Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino origin)** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Two or More Races (Not of Hispanic or Latino origin)** All persons who identify with more than one of the above five races.

**DISABILITY:** (Individual with a physical condition that limits his/her ability to attain employment.)

YES       NO

**AGE:** (Check One)

Under 40       40 – 49       50 or Over

**GENDER:** (Check One)

Male       Female

**Date completed:** \_\_\_\_\_

CAPT is an Equal Opportunity Employer. Thank you for your participation.



**FAIR CREDIT REPORTING ACT  
AUTHORIZATION AND RELEASE**

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize Celina Aluminum Precision Technology Inc. ("CAPT") to obtain "consumer reports" about me from a "consumer reporting agency" and to consider the "consumer reports" when making decisions regarding my employment at CAPT. I further release CAPT from any claims or liabilities of any kind resulting from its obtaining and using any such consumer reports. I understand that I have rights under the FCRA, including the rights discussed in the Fair Credit Reporting Act Disclosure that CAPT provided for me in conjunction with this Authorization.

\_\_\_\_\_  
NAME DATE



**FAIR CREDIT REPORTING ACT  
DISCLOSURE**

Celina Aluminum Precision Technology Inc. ("CAPT"), when considering your application for employment, when making a decision whether to offer you employment, when deciding whether to continue your employment (if you are hired), and when making other employment related decisions directly affecting you, may wish to obtain and use a "consumer report" from a "consumer reporting agency." These terms are defined in the Fair Credit Reporting Act ("FCRA"), which applies to you. As an applicant for employment or employee of CAPT, you are a "consumer" with rights under the FCRA.

A "consumer reporting agency" is a person or business that for monetary fees, dues or on a cooperative nonprofit basis, regularly assembles or evaluates consumer credit information or other information on consumers for the purpose of furnishing consumer reports to others such as CAPT.

A "consumer report" is any written, oral, or other communication or any information by a consumer reporting agency bearing on a consumer's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or collected for the purpose of serving as a factor in establishing the consumer's eligibility for employment purposes.

If CAPT obtains a "consumer report" about you and if CAPT considers any information in the "consumer report" when making an employment related decision that directly and adversely affects you, you will be provided with a copy of the "consumer report" before the decision is finalized. You may also contact the Federal Trade Commission about your rights under the FCRA as a "consumer" with regard to "consumer reports" and "consumer reporting agencies."

Acknowledged:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Applicant/Associate