



APPLICATION FOR EMPLOYMENT

AN AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYER

1. PERSONAL DATA

NAME: _____ DATE: _____
First Middle Last

STREET ADDRESS _____ P.O. BOX (if applicable) _____
City State Zip Home Phone: (____) _____

EMAIL ADDRESS _____

Are you legally eligible for employment in the United States? [] Yes [] No
(Proof of identity and employment eligibility will be required within 3 days of hire.)

Have you been convicted of a felony or do you have felony convictions pending against you? If so, please list date, state and nature of offense: (A conviction will not necessarily disqualify you from employment.)

U.S. Military service (include Branch and Rank) _____ From: _____ To: _____

Date and type of discharge received _____

Have you previously held a U.S. security clearance? [] Yes [] No When? _____
Where? _____ Level? _____

Have you previously worked for Middleville Tool & Die Co.? [] Yes [] No

If yes, when? _____

How was MTD, Inc. brought to your attention as an employment possibility?

- Job Fair Private Employment Agency Govt. Employment Agency
- Advertisement College Other-Specify _____
- Walk-in Employee Referral Employee Name: _____
- Name of Source (Newspaper, Agency, web site, etc.): _____

Date available for employment: _____ Salary range desired: \$ _____

Type of position desired: _____

Desired shift preference: _____

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It is the policy of MTD, Inc. to provide and administer employment, training, compensation, promotion, benefits and employment practices without regard to race, color, religion, national origin, sex, sexual orientation, age, disability, veteran or marital status.

2. ACADEMIC & PROFESSIONAL BACKGROUND
 (Note: Falsification of education credentials is grounds for termination)

	Institution & Location	Major & Minor Fields Studied	No. Of Years Completed	Did You Graduate?	Degree or Diploma	Grade Point Average or Rank	If No Degree, No. of Credits Received
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No			
College				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other				<input type="checkbox"/> Yes <input type="checkbox"/> No			

PROFESSIONAL LICENSES/CERTIFICATIONS:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

***HONORS, HONOR SOCIETIES AND PROFESSIONAL SOCIETIES:**

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

*Exclude organizations that indicate race, color, religion, national origin, sex, sexual orientation, disability, veteran or martial status

3. REFERENCES
 List three previous supervisors or faculty members whom we may contact regarding your professional ability. (Current employer will not be contacted without your permission.)

NAME	PRESENT EMPLOYER/POSITION	TELEPHONE NUMBER	RELATIONSHIP
		H: W:	
		H: W:	
		H: W:	

4. EMPLOYMENT RECORD: The following information is required even if included on your resume. List most recent position first.

Name and address of Present or last employer

Employed From: _____ **To:** _____ **Title**

Base Salary Start: \$ _____ Final: \$ _____ **Additional Cash Compensation:** Type: _____ \$ _____

Nature of work done (duties & responsibilities)

Name, position and phone number Of immediate supervisor

Reason for leaving

May we contact your employer? [] Yes [] No

Comments:

Name and address of Previous Employer

Employed From: _____ **To:** _____ **Title:**

Base salary Start: \$ _____ Final: \$ _____ **Additional Cash Compensation:** Type: _____ \$

Nature of work done (duties & responsibilities)

Name, position and phone number Of immediate supervisor:

Reason for leaving:

Name and address of Previous Employer:

Employed from: _____ **To:** _____ **Title:**

Base salary Start: \$ _____ Final: \$ _____ **Additional Cash Compensation:** Type _____ \$

Nature of work done (duties & responsibilities):

Name, position and phone number Of immediate supervisor:

Reason for leaving:

IMPORTANT - PLEASE READ COMPLETELY BEFORE SIGNING BELOW

PRE-EMPLOYMENT STATEMENT

I hereby affirm that the information provided on this employment application form and on my resume is true and complete to the best of my knowledge. I understand and agree that falsified information or omissions may result in termination from employment if discovered after my employment has begun, and that the offer of employment may be rescinded.

I hereby authorize MTD, Inc. or it's appointed investigative agencies to substantiate and verify my past employment, previous salary history, professional credentials, academic degrees and any other necessary references. I also authorize my previous schools, employers, and listed references to release to MTD, Inc. or its appointed investigative agencies, any relevant information, including transcripts, that may be requested in connection with my employment. If employed, I authorize MTD to release salary and benefit data as necessary to meet business needs. I agree that MTD and my previous employers, schools, and references shall not be held liable if any employment offer is not tendered, is withdrawn, or my employment is terminated due to falsity or omissions in the information I have provided.

If employed by the MTD, Inc., I understand and agree that such employment is subject to the policies and procedures of the Company. I understand and agree that any employment offer I might receive is contingent upon execution of the Confidentiality Agreement, INS Form I-9 and this application. I further agree to wear or use, when prescribed by the Company, safety equipment or protective devices and to comply with all health and safety rules and reporting requirements. I agree to abide by all administrative policies of the Company.

I understand that no statement in this form, related administrative policies, or an offer of employment is to be construed as an employment contract, and that either party, without the other's consent, may terminate the employment relationship at any time for any reason with or without cause or notice. Any agreement that varies the right of the employee or MTD to terminate the employment relationship at any time, with or without cause or notice, will be null and void.

I also understand and agree that I will not disclose or use any and all MTD confidential and proprietary information that I may acquire in the course of the recruitment process, in the course and scope of my employment, as well as after my employment with MTD.

X

Signature

Date

OFFICE USE ONLY:

Hire Date: _____ **Vacation Amount:**

Hired Shift: _____ **Prorated Vacation:**

Starting Rate of Pay: _____ **401K Start Date:** _____

Shift Premium: _____ **Insurance Start Date:** _____

Job Title: _____ **Supervisor:** _____

Comments: _____