

# TORRANCE CASTING, INC.

## APPLICATION FOR EMPLOYMENT

Incomplete Information could disqualify you from further consideration.

FOR OFFICE USE ONLY		
No	Hold	Interview
No	Hold	Reference
No	Hold	Extend Offer

Desired Position: \_\_\_\_\_

Last Name	First (Complete)	Middle	Date
Street Address			Home Telephone (    )
City, State, Zip			Business Telephone (    )
Email:			Social Security #
Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, most recent date (month, year)			Hourly Rate of Pay Expected
Have you ever worked at Torrance Casting? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, when? Who was your supervisor? Why did you leave your job at Torrance?			Indicate shifts you are available to work with an 'X'. Circle your preference. <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third
Type of employment desired (Circle one) Full-time   Part-time   Temporary   Seasonal			Are you willing to work overtime including weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any relatives working for Torrance Casting? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, who?   Relationship? Do you have any friends working for Torrance Casting? <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, who?			Date you would be available to start work:
Who referred you to Torrance Casting? (Check one) <input type="checkbox"/> State Employment Office <input type="checkbox"/> Employment Agency <input type="checkbox"/> Newspaper Advertisement in _____ (which paper?) <input type="checkbox"/> Employee: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Walk-in <input type="checkbox"/> Radio Ad <input type="checkbox"/> Other (Please specify)			Are you eligible to work in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No (You may be required to provide authorization)  Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been terminated from employment or asked to resign by an employer? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please provide company name and details _____			
Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			

School	Name of School	City/State	Major Course or Subject	No. of Years Completed	Did you Graduate?	Still Attending?
High School						
College/ University						
Technical/ Business School						

**EMPLOYMENT HISTORY**

Include your last seven (7) years of employment history, including periods of unemployment, starting with the most recent and working backwards in time. Incomplete information could disqualify you from further consideration.

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Hourly Rate/Salary \_\_\_\_\_  
Name, title, and phone number of immediate supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Hourly Rate/Salary \_\_\_\_\_  
Name, title, and phone number of immediate supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

---

Dates of employment From \_\_\_\_\_ To \_\_\_\_\_  
Employer \_\_\_\_\_ Telephone \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Hourly Rate/Salary \_\_\_\_\_  
Name, title, and phone number of immediate supervisor \_\_\_\_\_  
Your job title \_\_\_\_\_  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

If you left a company or were laid off, explain the reason and for how long. \_\_\_\_\_  
\_\_\_\_\_

Do you have any special skills, experience, and/or training that would enhance your ability to perform the position applied for?  
 Yes  No If yes, explain \_\_\_\_\_  
\_\_\_\_\_

Do you have any computer skills?  Yes  No Please describe.  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any pending charges or convictions?  Yes  No Please describe.  
\_\_\_\_\_  
\_\_\_\_\_

\*These will only be given consideration if the offenses are substantially related to the job.

**REFERENCES**

Give the names of three persons **not related to you**, who you have known at least three (3) years.

Name \_\_\_\_\_ Company \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Phone # \_\_\_\_\_ Email address \_\_\_\_\_

Name \_\_\_\_\_ Company \_\_\_\_\_  
Relationship \_\_\_\_\_ Years Acquainted \_\_\_\_\_  
Phone # \_\_\_\_\_ Email address \_\_\_\_\_

**AGREEMENT: Please read carefully before signing.**

Torrance Casting, Inc. is an equal opportunity employer. Torrance Casting, Inc. does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Torrance Casting, Inc. to hire me. If I am hired, I understand that either Torrance Casting, Inc. or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Torrance Casting, Inc. has the authority to make any assurance to the contrary.

I understand that as a condition of employment I will be required to pass a drug screening testing program. For the ongoing safety of employees and in order for each employee to make a maximum contribution towards the success of this company and its employees, Torrance Casting, Inc. is committed to a drug-free workplace.

I attest with my signature below that I have given to Torrance Casting, Inc. true and complete information on this application. No requested information has been concealed. I authorize Torrance Casting, Inc. to conduct a background check and contact references provided for employment consideration. I understand that my admission to an arrest or conviction does not automatically disqualify me from employment and that Torrance Casting, Inc. does not discriminate on the basis of arrests or convictions that are not substantially related to the circumstances of the job for which I am applying. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

Signature \_\_\_\_\_ Date \_\_\_\_\_