



MITCHELL METAL PRODUCTS
 905 S. State St - Merrill, WI 54452
 715/536-7176; Fax 715/536-1163

Application for Employment

**PRE-EMPLOYMENT QUESTIONNAIRE
 EQUAL OPPORTUNITY EMPLOYER**

Personal Information

Print all answers; no cursive please.

Date: ____/____/____

Name (Last, First, Middle)		Social Security Number - -	
Present Address	City/Town/Village	State	Zip
Permanent Address (If different from above)	City/Town/Village	State	Zip
Residence Phone () - () -	Cell Phone () - () -	Refereed By	

Employment Desired

Position	Date you can start	Salary Desired
Are you employed? Where?		If so, may we inquire of your present employer?
Ever applied to MMP before?	If so, when?	If so, Seasonal Employee? What did you do?

Education History

	Name and Location of School	Years attended	Did you graduate?	Subjects Studied
High School				
College				
Trade / Business or Other School				
Trade / Business or Other School				

General Information

Subjects of Special Study/Research work or Special Training/Skills	
Military or Naval Service	Rank

Former Employers (List below last four Employers, beginning with the last one first)

Dates worked MM / YYYY	Name and Address of Employer	Salary	Position	Reason for Leaving
From / To /				
From / To /				
From / To /				
From / To /				

*A short test will be given when
 this application is turned in.*

References: Provide below the names of three persons not related to you, whom you have known at least one year.

Name	Address	Business	Years known

Authorization

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

I am over the age of Eighteen, which is required by OSHA for employment in this facility (Office work exempt) as the Secretary of Labor has deemed manufacturing jobs MMP performs are in class "HO 8".

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA and other relevant federal and state laws)."

Date ____/____/____ Applicant Signature_____

DO NOT WRITE IN THE SECTION BELOW		
Interviewed by	Date	"Short-Test" results
Post interview, remarks section		
Neatness	Character	
Personality	Ability	

Approval Signatures

General Manager		Department Manager		Supervisor (if applicable)	
Hire Date	Department	Position	Will report to	Salary	

Have we completed?

- Drug Test results, received.
- Payroll Direct Deposit Form.
- Proof of Citizenship or equivalent (Type 1)
- Addition to Payroll in DCD & HR Systems.
- Proof of Citizenship or equivalent (Type 2)
- Scheduled new Associate orientation.