



Shape-Master TOOL COMPANY

Your Polycrystalline Machining Solutions Partner.

801 W Main St. / PO Box 520
Kirkland, IL 60146

Application for Employment

We are an equal opportunity employer, dedicated to a policy of nondiscrimination in employment on any basis including race, color, age, sex, religion, disability, or national origin.

Applicant Information

Name _____ Date _____

Street Address _____

City, State, Zip _____

Phone(s) _____ Email _____

Date Available _____ Last four of SSN _____ Desired Salary _____

Position Applied for _____

Are you a citizen of the United States? _____ If no, are you authorized to work in the US? _____

Have you ever been previously employed by Shape-Master? _____ If yes, when? _____

Are you currently employed? _____ If yes, may we contact your current employer? _____

Have you ever been convicted of a felony? _____

Type of Employment Full Time Part-Time Summer Temporary

Education and Skills

High School _____ Address _____

Dates Attended _____ Did you graduate? _____

College or Trade School _____ Address _____

Dates Attended _____ Did you graduate? _____

Relevant skills (i.e. Cad experience, machining experience, etc.)

Employment History

Company _____ Phone _____

Address _____ Name / Pos of Supervisor _____

Job Title _____ Starting Salary _____ Ending Salary _____

Responsibilities _____

Start Date _____ End Date _____ Reason for leaving _____

May we contact your previous supervisor for a reference? _____



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Employment History (continued)

Company _____ Phone _____
 Address _____ Name / Pos of Supervisor _____
 Job Title _____ Starting Salary _____ Ending Salary _____
 Responsibilities _____
 Start Date _____ End Date _____ Reason for leaving _____
 May we contact your previous supervisor for a reference? _____

Company _____ Phone _____
 Address _____ Name / Pos of Supervisor _____
 Job Title _____ Starting Salary _____ Ending Salary _____
 Responsibilities _____
 Start Date _____ End Date _____ Reason for leaving _____
 May we contact your previous supervisor for a reference? _____

Company _____ Phone _____
 Address _____ Name / Pos of Supervisor _____
 Job Title _____ Starting Salary _____ Ending Salary _____
 Responsibilities _____
 Start Date _____ End Date _____ Reason for leaving _____
 May we contact your previous supervisor for a reference? _____

References

Name _____ Phone # _____
 Address _____ Email _____

Name _____ Phone # _____
 Address _____ Email _____

Name _____ Phone # _____
 Address _____ Email _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature _____ Date _____