

EMPLOYMENT APPLICATION

Please fill out the application COMPLETELY. Incomplete applications may not be considered.

Applications will remain on file for 1 year from date of submission.

Applicant Information							
Name:Last	First	Mid	dle				
Address:	AA#	Otto	01-1-				
-	Apt#	City	State	Zip			
Day			е				
E-Mail Address:		_					
Are you at least 18 years of age? Yes	No Are you legally	y authorized to work in the	e United States?	Yes No			
Are you available to work any shift? Yes	No If no, when are	ou available to work?					
Are you able to work overtime and weekends? Yes No							
At which GLC Location are you interested in working? Ludington, MI Holland, MI							
For which of the following types of positions are you applying? (Check all that apply) □ Foundry Production □ Skilled Trades □ Office and Clerical □ Professional							
How did you hear about Great Lakes Castings?							
Have you ever applied for employment with GLC before? Yes No If Yes, when?							
Do you have any immediate family currently employed by Great Lakes Castings? Yes No							
If yes, what is their name?Relationship to you?							
Are currently employed? Yes No If Yes, Where:							
Are you presently on lay-off from this cor	mpany? Yes No I	f Yes, are you subject to r	recall? Yes No)			
When are you available to begin work?							
Have you ever served in the military? Yes No							
Branch of Service:		Dates of Service: _					

Educational History							
	Name/Location		Diploma/Degree Received		ırse of y/Major	Still attending school/taking courses?	
High School/GED							
Trade/Technical School							
College/Grad School							
Fundament I	liete»			and inh			
Employment	History - start with your most re Job 1 (Current)		Job 2		Job 3		
Business Nar	ne						
Address							
Phone Numb	er						
Dates of Employ	ment	From:Mo/Yr	_ To: Mo/Yr	From: To	: Mo/Yr	From:Mo/Yi	To:
Position Hel	d						
Description of D	uties						
Hourly Pay		Start:	Last:	Start: Las	t:	Start:	_ Last:
Supervisor's N	ame						
Reason for Lea	ving						
May we contact	ct?	YES	NO				
Explain any breaks	s of emp	oloyment over o	one month:				

Professional References (Please do not list friends and/or family)						
T TOTOGOTOTIAT TOTO	Reference 1	Reference 2	Reference 3			
Name of Contact						
Name of Contact						
Company/Position						
Relationship (Mgr/Sup/Co-worker)						
Phone or Email						
Please use the space provided to include any additional information you feel should be considered (ex. Certifications, training, professional affiliations, etc.)						
A also avela do acomo est a	and Authorization					
Acknowledgement a	ind Authorization					
I certify that all matters contained in this application (and accompanying resume, if any) are true, and authorize an investigation for the purpose of evaluating my qualifications for employment. This may include requesting information from: former employers (unless otherwise noted), educational institutions, business and professional organizations, local, state and federal law enforcement agencies, individuals with whom I have been associated, and with any others who may have information regarding my competence, character or qualifications. I release Great Lakes Castings, LLC and these entities and individuals from any liability regarding disclosure.						
I hereby understand and acknowledge that I am applying for an employment position with Great Lakes Castings, LLC that is "at will", which means that employee or the employer may terminate the employment relationship at any time with or without cause. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between me and Great Lakes Castings, LLC.						
In the event of employment, I understand that false or misleading information given in my application, interview(s) or resume may result in immediate discharge at the time of discovery. I understand, also, that I will be required to abide by all rules and regulations of Great Lakes Castings, LLC. I understand that any offer of employment is conditioned on my successful completion of a background check and medical examination including a drug and alcohol screening test prior to the time I report to work and I agree to submit to such. I further agree, if hired, to submit to any future examination (including drug and alcohol testing) as required by the Company.						
I acknowledge that I have read and understand the above information.						
Signature:		Date:				
NOTE TO APPLICANT: If hired, Federal Law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States. A list of acceptable documents is available upon request.						