



Job Application

Paramount Die is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, human resources should be contacted.

Applicant Information

Date _____

Name _____
Last First Middle

Present Address _____
Street City State Zip

Phone Number _____ Are you 18 years or older? Yes _____ No _____

Are you a U.S. citizen or approved to work in the United States? Yes _____ No _____

What document can you provide as proof of citizenship or legal status? _____

Employment Desired

Position _____ Shift _____ Date you Can Start _____ Salary Desired _____

Are you employed now? _____ If so may we inquire of your present employer? _____

Ever applied to this company before? _____ When? _____

Referred By _____

Education	Name and Location of School	# of Years Attended	Subjects Studied	Graduate?
High School				
College				
Trade School				

General

Special Skills _____

Paramount Die complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.

Former Employment History

Dates Month & Year	Name and Address of Employer	Salary	Position Held	Reason for leaving
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				
From				
To				

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

	Name	Address	Phone #	Business	Years Acquainted
1					
2					
3					

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative other than it's president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing."

_____ Date

_____ Signature of Applicant