



APPLICATION FOR EMPLOYMENT

Progressive Machine & Design, LLC provides equal employment opportunity to all persons regardless of age, color, national origin, citizenship status, physical or mental disability, race, religion, creed, gender, sex, sexual orientation, gender identity and/or expression, marital status, status with regard to public assistance, status as a disabled veteran and/or Veteran of the Vietnam Era or any other characteristic protected by federal, state or local law. In addition, PMD will provide reasonable accommodation for otherwise qualified disabled individuals.

Note: Conditions of employment are stated at the end of this form. Please read carefully before you sign. Any applicant providing unrequested information will automatically be rejected. This application must be completed in full even if attaching a resume. Please notify Human Resources if you require accommodations to assist with the completion of this application.

PERSONAL INFORMATION

DATE _____

LAST NAME	FIRST NAME	MI
STREET ADDRESS		CITY STATE ZIP
PHONE	EMAIL	
POSITION APPLIED FOR		DATE YOU CAN START

If under 18 years of age, can you supply working papers? Yes No N/A
 Are you legally eligible to work in the United States? Yes No
 Have you ever applied to this company before? Yes No
 • If yes, please provide the approximate date (mo/yr) _____
 Are any of your relatives employed by PMD? Yes No
 • If yes, please provide name of the relative: _____
 How were you referred to PMD? (friend, relative, job ad, placement agency, etc.) _____

EMPLOYMENT HISTORY - Begin with your present or most recent employment. Attach additional sheets if necessary.

COMPANY NAME	POSITION HELD	SUPERVISOR
ADDRESS		
DATES EMPLOYED	SALARY	PHONE
REASON FOR LEAVING		

If this is your current employer, may we contact them? Yes No

COMPANY NAME	POSITION HELD	SUPERVISOR
ADDRESS		
DATES EMPLOYED	SALARY	PHONE
REASON FOR LEAVING		

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ADDRESS		
DATES EMPLOYED	SALARY	PHONE
REASON FOR LEAVING		

EDUCATION - Provide record of all High Schools, Colleges, and Specialty (Trade) Schools attended.

	NAME & LOCATION	NUMBER OF YEARS ATTENDED	DEGREE RECEIVED	SUBJECTS STUDIED / MAJOR
HIGH SCHOOL				
COLLEGE				
COLLEGE				
GRAD SCHOOL				
SPECIALTY OR TRADE SCHOOL				

Do you have any special skills, certifications and/or training that would enhance your ability to perform the position applied for? If yes, please explain: _____

Have you served in the military? Yes No

- If yes, describe any duties and/or training that are relevant to the position applied for.

PROFESSIONAL REFERENCES - Provide three business-related individuals (not relatives)

NAME	ADDRESS	PHONE	OCCUPATION	YEARS KNOWN

NOTIFICATION & AGREEMENT

I understand that if I am hired, my employment may be terminated with or without cause or notice, at any time, at either my option or that of Progressive Machine & Design, LLC (the Company). I understand that no management representative has any authority to enter into any agreement for continuing employment for any specific period of time or which is contrary to the foregoing and that any such agreement must be in writing signed by the Company owners. I give the Company permission to contact all or any of my previous employers and references and authorize them to disclose any information the Company may request in the course of its investigation of the application for employment, and I hereby release the Company and such references and prior employers from any and all liability with respect to such disclosures. After a tentative offer of employment has been made, if requested by the Company, I agree to take a job-related medical examination at no personal expense and authorize the examining physician to disclose the findings to the Company. I understand that any offer of employment is conditioned upon receipt of satisfactory references and satisfactory completion of any such job-related medical examination. I also understand that I may be requested now or at any subsequent time during my employment with the Company to submit to drug and/or alcohol tests, at the Company's expense. I understand that if I refuse to take the test, my employment may be terminated immediately.

I have provided truthful and complete responses to all inquiries in the application and authorize the Company to investigate all statements contained in the application. I understand that discovery of any falsification or omission constitutes a ground for immediate dismissal or refusal to hire. If employed, I will abide by the Company's rules and regulations, which I understand are subject to change by the Company.

I accept

I don't accept

Date: _____

Signature: _____