# LA ALUMINUM CASTING COMPANY EMPLOYMENT APPLICATION

LA Aluminum is an Equal Opportunity Employer. We comply with all applicable Federal, State and local laws concerning discrimination in employment. No question on this application is intended to elicit information in violation of any such law nor will any information obtained in response to any question be used in violation of any such law.

**Instructions:** This is a general employment application required for ALL jobs. Please print or write clearly. Answer ALL items even if you have a resume.

### **PERSONAL**

Name:					Date:	
	Last	First	MI			
Mailing Address:						
-	Street		City	State	ZIP	
Phone:		Email:				
Position desired	(Click on <u>ALL</u> b	oxes that apply)				
<ul> <li>Management</li> <li>Maintenance</li> <li>Full-Time</li> <li>Temporary</li> </ul>	□ Purchasing □ Part-Time	□ Shipping □ Days □ S	$\Box$ Quality A	Assurance 🗍 🗆 O	ther	
Start Date Availa	able:					
How did you hea	r about this po	sition:				
□ Current or form □ Internet □ Other						
<b>EDUCATION</b>	Name	City	State	Years Attended	Degree	
High School:						
College:						
College:						
Trade/Business:						

## **SKILLS/ABILITIES** (click on <u>ALL</u> boxes that apply)

g $\Box$ Machining $\Box$ Welding						
Equipment 🛛 Forklift						
$\Box$ Read Blueprints $\Box$ Calipers, Gages & Testing Equipment $\Box$ Computer Modeling						
Programs (i.e., SolidWorks, CAD/CAM)						

Professional licenses, degrees, awards or special training:

#### **DISCLAIMERS**

Have you ever se	erved in the military?	□ Yes	🗆 No
Do you currently have any military commitments		□ Yes	🗆 No
Are you current	ly eligible to work in the U.S.?	□ Yes	□ No
Do you have any	y disabilities which need an accommodation?	□ Yes	□ No
Are you willing t	to take a pre-employment drug test?	□ Yes	🗆 No
Are you willing t	o complete a pre-employment background check	:? □Yes	🗆 No
Are you 18 year	s or older?	□ Yes	🗆 No
PREVIOUS E	<b>MPLOYMENT</b> (Please start with the most recent	nt first)	
From	to		
		Phone Number	
Duties, respons	ibilities, equipment and skills used		
From	to		
		Phone Number	
Duties, respons	ibilities, equipment and skills used		
From Employer	to		
· · ·		Phone Number	

#### REFERENCES

Name	Relationship	Years Known
City and State	Phone Number	
Name	Relationship	Years Known
City and State	Phone Number	
Name	Relationship	Years Known
City and State	Phone Number	

# **CONDITIONS OF EMPLOYMENT**

I hereby affirm that the information provided on this application and accompanying letters or resume, is true and complete. I also agree and understand that any false or misleading information or significant omissions may disqualify me from consideration for employment or result in my immediate dismissal. I authorize the Company, as part of its evaluation of my suitability for employment, to contact school officials, references, Department of Motor Vehicles, and my previous supervisors to secure information concerning my skills, character, ability and reliability. I agree to submit to any drug and alcohol test that may be required by the Company for my hiring or continued employment. I understand the refusal to take such tests may be cause for denial of employment or my termination. I further understand that, if hired, my employment is not for any specific period or duration and is terminable at will by the Company or me at any time with or without cause or notice. I understand that this application is NOT A CONTRACT.

Signature Date	
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