

# Geronimo Alloys LLC Employment Application

Date: \_\_\_\_\_

## Applicant Information

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address (No., Street, City, State, Zip) \_\_\_\_\_

Telephone Number (Include Area Code) \_\_\_\_\_ Referred By \_\_\_\_\_

## Employment Desired

Position \_\_\_\_\_ Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_

Are you currently employed?  Yes  No

If so, may we inquire of your present employer?  Yes  No

Ever applied at this company before?  Yes  No

## Education

	Name and Location of School	Date	Subjects Studied	Years * Attended	Graduated * Yes/No
<b>Grammar School</b>					
<b>High School</b>					
<b>College School</b>					
<b>Trade or Business School</b>					

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

## General

Subjects of special study or research work \_\_\_\_\_

What foreign languages do you speak? \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

U.S. Military or Naval Service \_\_\_\_\_ Rank \_\_\_\_\_ Present membership in National Guard or Reserves \_\_\_\_\_

Height \_\_\_\_\_ Feet \_\_\_\_\_ Inches    Weight \_\_\_\_\_ Pounds    Citizen of U.S.  Yes  No    Date of Birth \* \_\_\_\_\_

Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**A. Do you ever have:** Y/N

Reactions to Medicines	
Reactions to Oils	
Reactions to Chemicals	
Skin Rashes or Eczema	

**B. Have you ever had:** Y/N

Asthma	
Hay Fever	
Bronchitis	
Shortness of Breath in Walking	
Tightness of Chest	
Tuberculosis	
Emphysema	
Do You Smoke Cigarettes?	
How many packs a day?	
How many years?	
Have You Ever Worked in a:	
Dusty Trade?	

**C. Have you ever had:** Y/N

High Blood Pressure	
Heart Trouble	
Heart Attack	
Heart Surgery	
Swelling of Ankles	
Fainting Spells	
Varicose Veins	

**D. Do you have:** Y/N

Diabetes or Sugar in Urine	
Thyroid Trouble or Goiter	
Cancer	

**E. Have you ever had:** Y/N

Fits or Convulsions	
Epilepsy	
Paralysis	
Numbness of Hands, Feet	
Double Vision	
Severe Headaches	
Migraine Headaches	
Dizzy Spells	
Nervous Breakdown	

**F. Have you ever had:** Y/N

Back Trouble	
Back Injury	
Back Surgery	
Back Pain on Lifting	
Knee Surgery	
Swollen Joints	
Dislocated Shoulder	
Rheumatism or Arthritis	
Fracture of Bone	

**G. Do you:** Y/N

Use Glasses	
For Reading?	
For Distance?	
Use Contact Lenses	
Are You Color Blind?	

**H. Have you ever had:** Y/N

Ear Surgery	
Difficulty in Hearing	
Ear Trouble	

**I. Have you ever had:** Y/N

Blood in Urine	
Kidney Trouble	
Urination Difficulties	
Bladder Trouble	

**J. Have you ever had:** Y/N

Liver Trouble	
Hepatitis	
Jaundice	
Gall Bladder Trouble	

**K. Do you have:** Y/N

Stomach Ulcer	
Frequent Nausea	
Frequent Bowel Trouble	
Frequent Diarrhea	
Hernia	

**L. Do you have:** Y/N

Anemia	
Do You Bleed Easily?	
Have You Ever Been Treated By Radiation?	
Have You Ever Worked With Radio Active Material?	

**M. Do you:** Y/N

Take Medicine Regularly	
Use Harmful Drugs	
Use Alcohol Regularly	
How Much?	
How Often?	

**Explanation of Positive Answers:**

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**Physical Record**

Do you have any physical defects that preclude you from performing any work for which you are being considered?  Yes  No

Were you ever injured?  Yes  No Explain: \_\_\_\_\_

Have you any defects in hearing?  Yes  No In vision?  Yes  No In speech?  Yes  No

In case of emergency notify:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**Former Employers**

List below the last four employers, starting with the last one first.

Date (MM/YY)	Name & Address of Employer	Salary	Position	Reason
From				
To				
From				
To				
From				
To				
From				
To				

**References**

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

Name	Address	Business	Years Known
1			
2			
3			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal, further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Remarks:

Neatness		Character		
Personality		Ability		
Hired	For Dept.	Position	Will Report	Salary/Wages
Interviewed By	Date	Approved or Hired By	Date	

This form has been designed to comply with state and federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to to determine a bonafide occupational qualification or for other permissible purposes, such questions are appropriately noted on the application. Notwithstanding these efforts, the manufacturer of this form assumes no responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of state and federal fair employment practice laws may be based.