

Cigas Machine Shop

1245 MANOR ROAD
COATESVILLE, PENNSYLVANIA 19320

Dear Applicant;

Thank you for your interest in employment with Cigas Machine Shop.

Please complete the attached application, read and sign the applicant statement section and return the application form to our office by mail or fax. If you have a resume, feel free to include it with your application. We will contact promising candidates by phone to schedule an interview and facility tour.

In the meantime, you can learn more about what we do and what it is like to work here from our website at www.cigasmachine.com. If you have any questions don't hesitate to contact us.

We look forward to meeting, and hopefully, working with you.

Cigas Machine Shop, Inc.
1245 Manor Road
Coatesville, PA 19320

610-384-5239
610-384-7362 fax

Application for Employment

Equal access to programs, services and employment is available to all persons. Those applications requiring reasonable accommodation to the application and/or interview process should notify a company representative.

POSITION APPLIED FOR		DATE OF APPLICATION
FULL NAME (FIRST, MIDDLE, LAST)		SOCIAL SECURITY NUMBER
STREET ADDRESS		HOME TELEPHONE
CITY, STATE, ZIP CODE	COUNTY	MOBILE/PAGER/OTHER PHONE

If you are under 18, and it is required, can you furnish a work permit? Yes No

If no, please explain

Have you ever been employed here before? If yes, give dates and positions Yes No

Are you legally eligible for employment in this country?..... Yes No

Date available for work..... What is your salary range?.....

Type of employment desired..... Full-Time Part-Time Temporary Seasonal Educational Co-op

Are you able to meet the attendance requirements of the position?..... Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide dates(s) and details.....

Answering "Yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Employment History

Provide the following information of your past (3) employers, assignments or volunteer activities, starting with the most recent.

EMPLOYED FROM/TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS	
SUPERVISOR NAME AND TITLE	CITY, STATE, ZIP CODE	
MAY WE CONTACT FOR REFERENCE?	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		
STARTING AND ENDING RATES		
EMPLOYED FROM/TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS	
SUPERVISOR NAME AND TITLE	CITY, STATE, ZIP	
MAY WE CONTACT FOR REFERENCE?	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		
STARTING AND ENDING RATES		
EMPLOYED FROM/TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS	
SUPERVISOR NAME AND TITLE	CITY, STATE, ZIP	
MAY WE CONTACT FOR REFERENCE?	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
REASON FOR LEAVING		
STARTING AND ENDING RATES		

Skills and Qualifications

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying _____

Educational Background

NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY

References

NAME	TELEPHONE	NUMBER OF YEARS KNOWN

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE APPLICANT STATEMENT ABOVE

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____