



4545 West Augusta Blvd
Chicago, Illinois 60651

Today's Date: _____

Employment Application

Equal Employment Opportunity Employer

<u>Referred BY:</u>
Advertisement: _____
Agency Name: _____
Employee Name: _____
Other: _____

Last Name: _____ First Name: _____ Middle: _____

Social Security Number: _____ - _____ - _____ Address: _____

Phone Number: _____

Are you legally authorized to work in the U.S.? Yes No

Are you 18 years of age or over: Yes No

Do you have any relatives employed by Freedman Seating Co.? Yes No

If yes, Name and Relationship _____

Name used for previous education and/or employment, if not other than current: _____

Position Applied For: _____ Full Time Part Time Seasonal

Salary Desired: \$ _____ Per Hour Per Year Date Available to Start: _____

Shift Preference: 1st Shift 2nd Shift 3rd Shift Are you willing to work other shifts? Yes No

Are you available to work overtime: Yes No

EDUCATION

Name & City	Major	Did you Graduate	Degree Received
High School: _____			
College: _____			
Other Education: _____			
Certifications: _____			



Employment Application Continued

WORK HISTORY

Please start with your most recent employer first.

Employer: _____ Phone Number: _____
Address: _____ May we contact this employer: Yes No
Position Held: _____ Start Date: _____ End Date: _____
Position Duties _____
Reason for leaving: _____ Beginning Salary \$ _____ Ending Salary _____
Supervisor's Name: _____

Employer: _____ Phone Number: _____
Address: _____ May we contact this employer: Yes No
Position Held: _____ Start Date: _____ End Date: _____
Position Duties _____
Reason for leaving: _____ Beginning Salary \$ _____ Ending Salary _____
Supervisor's Name: _____

Employer: _____ Phone Number: _____
Address: _____ May we contact this employer: Yes No
Position Held: _____ Start Date: _____ End Date: _____
Position Duties _____
Reason for leaving: _____ Beginning Salary \$ _____ Ending Salary _____
Supervisor's Name: _____

Employer: _____ Phone Number: _____
Address: _____ May we contact this employer: Yes No
Position Held: _____ Start Date: _____ End Date: _____
Position Duties _____
Reason for leaving: _____ Beginning Salary \$ _____ Ending Salary _____
Supervisor's Name: _____



Additional Skills/Certifications

Skills you have:

- Welding Years of experience: _____
- Forklift Years of experience: _____
- Machine Maintenance: Years of experience _____
- Punch Press: Years of experience: _____
- Shipping/Receiving: Years of experience: _____
- AUTO CAD Years of experience: _____
- Microsoft Office Years of experience: _____
- Solid Edge Years of experience _____
- M2M Years of experience _____
- Language other than English _____
- Drill Press Years of experience: _____
- Saws Years of experience: _____
- Sewing Years of experience: _____
- Upholstery: Years of experience: _____
- Die Set-Ups Years of experience: _____
- CNC Programming Years of experience _____
- Pro E / NX / Catia Years of experience _____
- Solid Works Years of experience _____

Read Write Speak

List any special achievements or qualifications we should be aware of:

Please list three references that we may contact if needed, two professional and one personal.

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____

Name: _____ Phone Number: _____

Relationship: _____



Applicant Consent

In completing this application with Freedman Seating Company (FSC), I agree and certify that the answers given on the application and to FSC during the interview process are true and complete to the best of my knowledge and were completed by me. I understand that misrepresentation or omission of facts on the application form or at anytime during the pre-employment process, may result in immediate separation, if employed, or termination of the pre-employment process. I understand that this application will only be valid for 60 days from the date I signed the document. Should I want to be considered after this time, I must re-apply. FSC has the right to verify any of this information with any former employer, motor vehicle department, law enforcement reporting agency, personal reference or educational institution.

I hereby understand and agree that if employed by FSC, I will be an employee at will. As an employee at will, FSC may terminate my employment relationship at anytime, with or without cause and, there is no agreement express or implied, between FSC and me for any specific period of employment or for continuing long term employment. Should I become employed with FSC, I have the same right to terminate my employment at any time. I hereby understand that nothing in this application, or in any prior or subsequent oral or written communication, is intended to create any contract of employment.

I understand that if hired, I am required to abide by all rules and regulations of FSC and that I will be responsible for the care and return of any equipment or other FSC owned property issued to me during my employment. I will be able, if hired, to certify that I am authorized to work in the United States of America and understand that in accordance with the Immigration Control and Reform Act, I will be required to provide timely documentation of identity and employment eligibility. I understand that FSC is an Equal Opportunity Employer, and that FSC adheres to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital or veteran status, age or disability, or any other basis prohibited by law. I understand that my opportunity for employment with FSC depends solely on my qualifications.

By my signature, I acknowledge that I have read and understand this document and that I agree to all conditions herein. This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant: _____

Date: _____

HR Office Use Only

Interviewed : No Yes Date: _____ Interviewed By: _____

Letter sent: _____

Comments: _____
