



# Copper State Bolt & Nut Co.

Your Fastener Specialist

## Employment Application

Visit us online at [www.copperstate.com](http://www.copperstate.com)

### 1. General Information

Name \_\_\_\_\_ Date Available for Work \_\_\_\_\_ Phone \_\_\_\_\_

Physical Address - Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Have you been employed here before?  Yes  No If so when? \_\_\_\_\_

How did you learn about Copper State? \_\_\_\_\_

Do you have an immediate family member or a member of your household who is currently employed with us or with a competing or fastener company?  Yes  No If so, who? \_\_\_\_\_

Are you legally eligible to work in the United States?  Yes  No

Have you ever been convicted of, or are pending conviction, of a misdemeanor or felony?  Yes  No If so, when? \_\_\_\_\_

### 2. Preferences

Position(s) Applied For: \_\_\_\_\_

Check applicable boxes:

Desired Start Date: \_\_\_\_\_

Desired Work:  Full-time  Part-time

Location Preference: \_\_\_\_\_

Desired Shift:  1<sup>st</sup> shift  2<sup>nd</sup> Shift  3<sup>rd</sup> shift

### 3. Skills and Qualifications

Summarize licenses and/or certifications you have (Fork lift, CDL, OSHA, MSHA, etc.): \_\_\_\_\_

Summarize other training (CPR, Computer applications, Professional skills, etc.): \_\_\_\_\_

(Please check all that apply)		
<input type="checkbox"/> Convert a decimal into a Fraction	<input type="checkbox"/> Experience with Power Tool Repair	<input type="checkbox"/> Wholesale/Retail experience
<input type="checkbox"/> Can Lift in Excess of 50lbs	<input type="checkbox"/> Mechanical Aptitude	<input type="checkbox"/> Sales Training Programs or Courses
<input type="checkbox"/> Hand held scanner	<input type="checkbox"/> Machine Operator	<input type="checkbox"/> ERP Systems
<input type="checkbox"/> Order Pulling/Selecting	<input type="checkbox"/> CNC Operator	<input type="checkbox"/> Microsoft Office Applications
<input type="checkbox"/> Packaging/Stocking	<input type="checkbox"/> CNC Manual Lathe	<input type="checkbox"/> Data Entry/10 key
<input type="checkbox"/> Receiving/Shipping	<input type="checkbox"/> Gasket cutting	<input type="checkbox"/> Reception/phone

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge, whenever it is discovered. I give Copper State the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability Copper State and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. Copper State does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on a basis prohibited by local state or federal law. This application is current for only 60 days. At the conclusion of this time, if I have not heard from Copper State and still wish to be considered for employment, it will be necessary to 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 Copper State 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 representative of Copper State, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an officer. I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Please submit your resume, including your employment history, educational background, and professional and/or personal references or complete sections 4-6.

## 4. Employment History

Please provide the following information for your past three employers, starting with the most recent.

_____	_____	_____	_____	_____	
From	To	Job Title	Employer	Supervisor	
_____		_____	_____	_____	
Address - Street		City	State	Zip	Phone
\$ _____		\$ _____			
Pay Rate (Start)		Pay Rate (Final)			

_____	_____	_____	_____	_____	
From	To	Job Title	Employer	Supervisor	
_____		_____	_____	_____	
Address - Street		City	State	Zip	Phone
\$ _____		\$ _____			
Pay Rate (Start)		Pay Rate (Final)			

_____	_____	_____	_____	_____	
From	To	Job Title	Employer	Supervisor	
_____		_____	_____	_____	
Address - Street		City	State	Zip	Phone
\$ _____		\$ _____			
Pay Rate (Start)		Pay Rate (Final)			

## 5. Education

Name of School / City and State	Years	Did You Graduate?	Courses of Study
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

## 6. References

Name	Relationship	Years Known?	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____