



DATE: _____

Specialty Fastening Systems, Inc.
424 S. Baggett Street Prairie Grove, AR 72753
(479) 846-5593 hr@specialtynail.com

APPLICANT INFORMATION

Full Name (First, Middle, Last): _____

Address: _____

Telephone: _____ Cell Phone: _____

Email: _____

Date Available: _____ Are you 18 years old or older? YES NO

Social Security Number: _____ Do you have a valid driver's license? YES NO

Can you provide proof of Employment Eligibility or Immigration Status upon being offered a position? YES NO

Have you been convicted of a felony in the last seven years? YES NO

If yes, please provide a brief explanation: _____

EMPLOYMENT HISTORY

Have you been employed here before? YES NO If yes, Title: _____ Dates: _____

Are you currently employed? YES NO Years of factory/production line experience? _____

Most Recent Job Title: _____ Duration (From): _____ To: _____

Company Name: _____ Location (City, State): _____

Most Recent Pay Rate: _____ Responsibilities: _____

Reason for Leaving: _____

Job Title: _____ Duration (From): _____ To: _____

Company Name: _____ Location (City, State): _____

Pay Rate: _____ Responsibilities: _____

Reason for Leaving: _____

Job Title: _____ Duration (From): _____ To: _____

Company Name: _____ Location (City, State): _____

Pay Rate: _____ Responsibilities: _____

Reason for Leaving: _____

EDUCATION

Highest Level of Education (i.e. College, High School, Trade): _____

Institution (Name/Location): _____

Graduation Date: _____ Or Number of Years Completed: _____

Major/Degrees: _____

RELEVANT SKILLS

SKILL	YEARS of EXPERIENCE		NOTES
Production Line:	Y	N	_____
Packing:	Y	N	_____
Forklift:	Y	N	_____
Micrometer:	Y	N	_____
Quality Control:	Y	N	_____
Microsoft Office:	Y	N	_____
Data Entry:	Y	N	_____

Certifications / Licenses: _____

Other: _____

REFERENCES

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

Name: _____ Relationship: _____ Phone Number: _____

PLEASE READ AND INITIAL EACH PARAGRAPH BELOW

_____ I understand that if offered employment, the offer may be contingent on passing a pre-employment drug screen. By signing this application, I voluntarily agree to submit to a pre-employment drug screen and I understand that failure to pass will result in withdrawal of employment offer.

_____ If hired, I also agree to submit to drug testing as a condition of employment. I agree that Specialty Fastening Systems, Inc. may conduct drug screening at their sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen may be considered a voluntary resignation of employment.

_____ I understand that if offered employment, I will, as a condition of employment, be required to submit proof of my identity and legal right to work in The United States on my first day of employment.

My signature below certifies that I have read and understand this complete page and agree to the terms of conditions outlined in this document.

Signature: _____ Date: _____

Specialty Fastening Systems, Inc. is an Equal Opportunity Employer. This company does not and will not discriminate in employment and personnel practices on the basis of race, sex, age, handicap, religion, national origin, or any other basis prohibited by applicable law. Hiring, transferring, and promotion practices are performed without regard to the above listed items.