JOB APPLICATION

Custom Tube Company 6260 Claude Way, Inver Grove Heights, Minnesota 55076 651-450-5959

Custom Tube Company is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections be	low:			
Applicant Information Applicant Name:		or.		
Address:				
City, State and Zip Code:				
Telephone Number:				
Email Address:				
Date of Application:	-			
4				
Employment Position Position(s) applying for: Machine O	perator (full time)			
How did you hear about this position			7	
On what date can you start working i	if you are hired?			
Personal Information				
Are you 18 years of age or older?			Yes	No
Are you a U.S. citizen or approved to work in the United States?			Yes	No
What document can you provide as	proof of citizenship or legal status?			
Will you consent to a mandatory controlled substance test?			Yes	No
Job Skills/Qualifications Please list below the skills and qualifications	cations you possess for the position	for which you are applying:		
(Note: Custom Tube Company compli eligible applicants/employees to perfo	ies with the ADA and considers reas rm essential functions.)	sonable accommodation measul	es that may be neces	ssary for
Education and Training				
High School				
Name	Location (City, State)	Year Graduated	Degree Earned	
				,
College/University Name	Location (City, State)	Year Graduated	Degree Earned	
- Tallio	Loodin (ony, otate)	rea Graduated	Degree Larrieu	
Vocational School/Specialized Train	ning			
Name	Location (City, State)	Year Graduated	Degree Earned	

Military:	
Are you a member of the Armed Services?	
What branch of the military did you enlist?	
What was your military rank when discharged?	
How many years did you serve in the military?	
What military skills do you possess that would be an asset for thi	s position?
	*
<u>Previous Employment</u>	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address:	
City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
References	
Please provide 3 personal and professional reference(s) below:	
Reference	Contact Information
employment can be terminated at any time for any reason, with Company. No representative of Custom Tube Company has "employment at will" relationship. You understand that your empl	y is referred to as "employment at will." This means that your or without cause, with or without notice, by you or the Custom Tube authority to enter into any agreement contrary to the foregoing oyment is "at will," and that you acknowledge that no oral or written alter your at-will employment status, except for a written statement rations Officer or the Company's President.
Applicant Signature:	Dated: