

PERSONAL INFORMATION

DATE: _____

NAME (LAST, FIRST, MI)			SOCIAL SECURITY No	
			--	--
PRESENT ADDRESS		CITY	STATE	ZIP
PERMANENT ADDRESS		CITY	STATE	ZIP
HOME PHONE	CELL PHONE	EMAIL		
() -	() -			

EMPLOYMENT DESIRED (HOW DID YOU HEAR ABOUT 3D MECHANICAL?)

POSITION	DATE YOU CAN START	PAY RATE DESIRED
		\$ PER
CURRENT EMPLOYER	EMPLOYER PHONE	MAY WE CONTACT YOUR CURRENT EMPLOYER?
	() -	<input type="checkbox"/> YES <input type="checkbox"/> NO
WORKED FOR 3D IN THE PAST?	IF YES, WHEN?	WHY DID YOU LEAVE?
<input type="checkbox"/> YES <input type="checkbox"/> NO		

EDUCATION HISTORY

	NAME & LOCATION	YRS ATTENDED	GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRADE OR BUSINESS			<input type="checkbox"/> YES <input type="checkbox"/> NO	

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDIES OR SPECIAL TRAINING OR SKILLS	
US MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH THE MOST RECENT FIRST)

DATE: Mo/Yr	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM: /				
TO: /				
FROM: /				
TO: /				
FROM: /				
TO: /				
FROM: /				
TO: /				

REFERENCES — LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR

NAME	PHONE	BUSINESS / HOW THEY KNOW YOU	Yrs KNOWN

AUTHORIZATION — "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing unless it is in writing and signed by an authorized company representative. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

Print Name: _____ Signature: _____ Date: _____

Mail to: PO Box 337, Alabaster, AL 35007

Fax to: (205) 664-8891