



The Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by local ordinance, state, or federal law.

THE COMPANY IS AN "AT-WILL" EMPLOYER, MEANING THAT EITHER THE EMPLOYER OR EMPLOYEE CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Date You Can Start: \_\_\_\_\_

Please note that this application, if unsolicited, will only remain active for three (3) months, after that which the applicant will need to reapply.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State Zip

Permanent Address (if different from your present address) \_\_\_\_\_  
Street City State Zip

Telephone #: Home (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you 18 years or older?  Yes  No

Shift Desired: First (6:50 a.m. – 3 p.m.) \_\_\_\_\_ Second (2:50 p.m. to 11 p.m.) \_\_\_\_\_ Third (10:50 p.m. to 7 a.m.) \_\_\_\_\_  
Whatever is available: \_\_\_\_\_ OT: \_\_\_\_\_

Compensation Desired \_\_\_\_\_

Type of Employment:  Full-time  Part-time

Are you employed now?  Yes  No  
May we contact your present employer?  Yes  No

Did you ever apply to or work at this Company before?  Yes  No Where? \_\_\_\_\_

Under what name? \_\_\_\_\_ When? \_\_\_\_\_ (Cont'd)

Do you have any friends or relatives currently working at MBI? \_\_\_\_\_



CUSTOM MOLD BASES \* PLATES \* COMPONENTS \* SELF-LUBE COMPONENTS

Please check the skills you possess or the machines you can independently operate from the following list:			
<input type="checkbox"/> Surface grinder	<input type="checkbox"/> Deep hole drill	<input type="checkbox"/> Gage blocks	<input type="checkbox"/> Indexing head/table
<input type="checkbox"/> Milling machine	<input type="checkbox"/> Optical comparator	<input type="checkbox"/> Sine bar	<input type="checkbox"/> Basic algebra
<input type="checkbox"/> Radial arm drill	<input type="checkbox"/> Coordinate machine	<input type="checkbox"/> Tool grinder	<input type="checkbox"/> Basic trigonometry
<input type="checkbox"/> Machining center	<input type="checkbox"/> Micrometers	<input type="checkbox"/> Tap blaster	<input type="checkbox"/> Read blueprints
<input type="checkbox"/> Cut-off saws	<input type="checkbox"/> Vernier calipers	<input type="checkbox"/> Heat treating	<input type="checkbox"/> CNC programming

**EDUCATION:**

	NAME AND ADDRESS OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Military Training				
Related Specialized Training				

Are you lawfully entitled to be employed in the United States?     Yes     No

Have you ever been convicted of, pled guilty or no contest to a crime except a minor traffic violation?<sup>1</sup>     Yes     No

*(A "yes" answer will not necessarily rule out your employment.)*

If so, please state offense/crime, date and place where offense occurred: \_\_\_\_\_

\_\_\_\_\_

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Emergency Contact \_\_\_\_\_

Name/Street/City/State/Telephone

(cont'd)

**CURRENT AND FORMER EMPLOYERS:** (most recent one first)

<b>DATE MONTH/ YEAR</b>	<b>NAME, ADDRESS &amp; TELEPHONE NO. OF EMPLOYER</b>	<b>SALARY: STARTING/ ENDING</b>	<b>LAST POSITION HELD/ RESPONSIBILITIES</b>	<b>REASON FOR LEAVING</b>
From:  To:				
From:  To:				
From:  To:				
From:  To:				
From:  To:				

(cont'd)

\* \* \*

**Please read the following statement carefully before signing to indicate your understanding:**

I understand that if I receive a conditional job offer, and prior to beginning employment, I may be requested to undergo a pre-employment medical examination and/or drug testing. In the event that I have a disability that will affect my ability to take the test, I will so inform the Company prior to the administration of the test so that a reasonable accommodation can be made. The Company reserves the right to require medical documentation regarding the need for accommodation.

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 or omitted information on this application may result in a refusal to hire or, if I am hired, discipline up to and including termination.

**I understand and agree that, if hired, my employment is “AT-WILL.” THIS MEANS THAT, IF I AM HIRED, EITHER THE COMPANY OR I CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME, WITH OR WITHOUT NOTICE, AND FOR ANY OR NO REASON.**

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you, including but not limited to any defamation claims I may now have or will have against them.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**\*THE COMPANY IS AN “AT-WILL,” EQUAL OPPORTUNITY EMPLOYER\***

---

**For Employer Use Only**

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_ Hired:     Yes     No

Starting Date: \_\_\_\_\_ Position: \_\_\_\_\_ Wage: \_\_\_\_\_