



TOOL & DIE CO., Inc.

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 Southbridge, MA 01550
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 www.am-tool.com

- Type or print clearly in ink.
- Answer every question fully and accurately, even if resume is submitted.
If not applicable, please put N/A.
- False or materially inaccurate information on the application will be cause for disqualification for employment or dismissal at any time during employment.

Application for Employment

Date: _____

General Information

Name (First) _____ (Middle Initial) _____ (Last) _____		
Mailing Address (Street) _____ (City) _____ (State) _____ (Zip Code) _____		CT
Home Address (if different from mailing address) _____		
Home Phone Number _____	Cell Phone Number _____	E-mail Address _____
Are you legally eligible to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Employment Desired

Position or Type of Employment Desired _____	Date Available if hired _____	Who referred you? _____
Wage Desired (A salary must be listed in order to be considered for position) _____		
Are you available to work nights? _____		Are you available to work weekends: _____
In addition to your work history, what other experiences, skills or qualifications would qualify you for this work? List all pertinent skills and equipment that you can operate		

Education and Training

High School Graduate or General Education (GED) Test Passed? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If no, list the highest grade completed: _____			
Further Education (most recent first): College, Trade School, Military			
Name of School _____	Location: City, State _____	Credits Earned _____	Degree and Year _____
List any additional education or training: _____			

Work Experience (Most Recent First)

<i>Employer</i>	<i>Job Title</i>	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
<i>Address</i>	<i>Telephone Number</i>	<i>Supervisor</i>	
<i>Specific Duties:</i>			
<i>Reason For Leaving</i>	<i>Salary</i>	<i>May We Contact This Employer?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Employer</i>	<i>Job Title</i>	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
<i>Address</i>	<i>Telephone Number</i>	<i>Supervisor</i>	
<i>Specific Duties:</i>			
<i>Reason For Leaving</i>	<i>Salary</i>	<i>May We Contact This Employer?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<i>Employer</i>	<i>Job Title</i>	<i>From (Month/Year)</i>	<i>To (Month/Year)</i>
<i>Address</i>	<i>Telephone Number</i>	<i>Supervisor</i>	
<i>Specific Duties:</i>			
<i>Reason For Leaving</i>	<i>Salary</i>	<i>May We Contact This Employer?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>	

Professional References: List 3 people not related to you who can comment on your work performance.

<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Years Acquainted</i>
<i>Occupation</i>	<i>How are you acquainted</i>		
<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Years Acquainted</i>
<i>Occupation</i>	<i>How are you acquainted</i>		
<i>Name</i>	<i>Address</i>	<i>Telephone Number</i>	<i>Years Acquainted</i>
<i>Occupation</i>	<i>How are you acquainted</i>		

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal

Signature of Applicant: _____

Date: _____

