ACE WIRE SPRING & FORM COMPANY, INC. APPLICATION FOR EMPLOYMENT PLANT/LABOR

EQUAL OPPORTUNITY EMPLOYER

90 DAY PROBATIONARY PERIOD

PLEASE COMPLETE BOTH SIDES - TYPE OR PRINT IN INK (If additional space is needed, use 8 1/2 x 11 sheet)

POSITION APPLIED FOR									
E	1 001110	MALTELL	FOR						
1. LAST NAME FIRST NAM	E M.I.	2. SOCIA	AL SECURIT	Y NO.	3. TELEF	PHONE NUI	MBER		
1									
4. ADDRESS - STREET, R.D.	CITY		COUNTY	STATE		ZIP CODE			
4. ADDITESS STILLI, I.B.	OITT		COUNTY	SIAIE	31	ZIP CODE	3		
I I	. HOW LONG A RE	SIDENT O	FPA?	7. DO YOU	J HAVE A	DRIVERS L	ICENSE		
() YES			() YES						
() NO				()	NO				
8. ARE YOUR SCHOOL/EMPLOYMENT RECORDS					8a. IF ITEM 8 IS "YES" LIST NAME				
LISTED UNDER ANOTHER NAME? (YES HERE						
40		()	NO		7.	*	2		
10. EDUCATIONAL RECORD		(CIRCLE I	HIGHEST GF	RADE OF SO	CHOOLING	COMPLET	ED)		
1-2-3-4-5-6-7-8-9-10-1	1 - 12	COLLEGE	e .	1 - 2 - 3 - 4	- 5	PG			
11. NAME & LOCATION OF EDUCA			DATES	SEM	DATE	DIPLOMA	MAJOR		
			ATTENDED	CREDITS	GRAD.	DEGREE	COURSE		
HIGH SCHOOL	10,	N .							
OTHER SCHOOLING (SPECIFY)									
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	X (6)			-	16		3		
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12. LIST BY NUMBER, YEAR ISSUE SSUED BY THE COMMONWEALTH	ED AND DATE OF E	XPIRATIOI	N ANY LICEN	NSE, CERTI	FICATE O	REGISTR	ATION		
FOR THE POSITION FOR WHICH Y	OU ARE APPLYING	AL A3300 i.	IATION WITH	Of RELATE	:5 10, OR	15 A			
		•				45	9.2		
					12 12				
3. LIST ANY PROFESSIONAL ORG	SANIZATIONS TO W	HICH YOU	BELONG (DO NOT LI	ST ANY OF	RGANIZATIO	ONS		
VOULD REVEAL YOUR RACE, COL	.UK, KELIGIUUS CF	KEED OR N	IATIONAL O	RiGiN).			i		
2	8 8	127		8 x 8			* *		
4. LIST ANY OTHER TRAINING AN	ID EXPERIENCE YO	U HAVE T	HAT YOU BE	LIEVE PAF	RTICULARI	Υ			
PPLICABLE TO THE TYPE OF WORK FOR WHICH YOU ARE APPLYING.									
				*			£		
5. LIST MACHINES YOU OPERATE									
S. LIOT WASHINES TOO OPERATE	†±0: 50. △		•	12	Yan Tun		~		
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:30 : 1	21 "	9		10.8	3				

EMPLOYMENT RECORD

LIST YOUR COMPLETE EMPLOYMENT RECORD INCLUDING PERIODS OF UNEMPLOYMENT STARING WITH YOUR PRESENT POSITION AND WORKING BACKWARDS, (INCLUDE PAID EMPLOYMENT AND MILITARY SERVICE WHICH IN YOUR OPINION HELP TO QUALIFY YOU FOR THE JOB YOU ARE APPLYING.

NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME/TITL	E OF IMMEDIATE SUPERVISOR			
	14					
	DATES OF EMPLOYM	MENT	NO. HOURS WORKED EACH WEEK			
Δ.	EBOM					
	FROM: TO:					
DESCRIBE FULLY YOUR MAJOR DUTIES AND RESPONSIBILITIES			NO. OF EMPLOYEES SUPERVISED			
			[OALARY			
	¥		SALARY			
NAME AND ADDRESS OF EMPLOYER	DOCITION TITLE	NIA NATI (TITL	E OF IMMEDIATE OUDEDWOOD			
NAME AND ADDRESS OF EMPLOYER	POSITION TITLE NAME/TITLE OF IMMEDIATE SUPERVISOR					
	DATES OF EMPLOYN	MENT	NO. HOURS WORKED EACH WEEK			
	FROM:					
	TO:					
DESCRIBE FULLY YOUR MAJOR DUTIES	AND RESPONSIBILITIE	ES	NO. OF EMPLOYEES SUPERVISED			
_			SALARY			
NAME AND ADDRESS OF EMPLOYER	POSITION TITLE	NAME/TITLI	E OF IMMEDIATE SUPERVISOR			
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	DATES OF EMPLOYM	1ENIT	NO. HOURS WORKED EACH WEEK			
	DATES OF LIMPLOTIV	ILIVI	NO. HOUNS WORKED EACH WEEK			
	FROM:					
DESCRIBE FULLY YOUR MAJOR DUTIES A	TO:		NO. OF EMPLOYEES SUPERVISED			
DESCRIBE FOLE FOOT MAJOR DOTIES A	AND RESPONSIBILITIE	.5	NO. OF LIMPLOTEES SUPERVISED			
=		3	SALARY			
WERE YOU EVER CONVICTED OF A FELO						
DETAILS ON A SEPARATE SHEET OF PAP EMPLOYMENT IN ALL CASES, EACH CASE						
LIMI LO IMILIAT IN ALL CASES, LACIT CASE	13 CONSIDERED ON	113 MEKI13	() 125 () NO			
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I HERBY CERTIFY THAT ALL STATEMENTS						
BELIEF. I AM AWARE THAT ALL STATEME MISREPRESENTATION WILL RESULT IN D		ZEIIN MILL B	E VERIFIED AND THAT WILLFUL			
DATE	SIGNATURE					
	- 9	SIGN AS YOU U	JSUALLY SIGN			