



Employment Application

MTT, Material Testing Technology Co. is an equal opportunity employer and is pleased to consider all qualified applicants for employment without regard to race, color, religion, creed, sex, age, national origin, handicap or veteran status.

PERSONAL DATA

Name: LAST		FIRST	MIDDLE INITIAL	OTHER LAST NAMES BY WHICH YOU WERE PREVIOUSLY KNOWN		
Address	Street	Apt. No.	City	State	Zip	
Telephone (Area Code) Number			Social Security Number			
Are You Over 18 Years of Age?		As a U.S. Citizen, or Based on Immigration Status, are You Legally Entitled to be Employed in the U.S.?				
Position Desired			Salary Requirements			
LIST ANY PHYSICAL DISABILITIES WHICH WOULD PREVENT YOU FROM SATISFACTORILY PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED.						
LIST FRIENDS OR RELATIVES EMPLOYED HERE			REFERRED HERE BY			
1NAME _____ RELATIONSHIP _____			AGENCY _____			
2NAME _____ RELATIONSHIP _____			NEWSPAPER AD _____			
HAVE YOU EVER BEEN EMPLOYED BY US BEFORE?			HAVE YOU EVER APPLIED HERE BEFORE?			
IF YES WHEN?			IF YES, WHEN?			
HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A TRAFFIC VIOLATION?						
IF YES, EXPLAIN:						
ARE YOU WILLING TO WORK SECOND SHIFT?		THIRD SHIFT?		OVERTIME?		

EDUCATION

GRADE SCHOOL (CIRCLE HIGHEST GRADE COMPLETED) 1 2 3 4 5 6 7 8

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	GRADUATED (YES OR NO)	TYPE OF DEGREE OR MAJOR FIELD OF STUDY	DATES ATTENDED	
				FROM	TO
HIGH SCHOOL (LAST ATTENDED)					
COLLEGE OR UNIVERSITY					
VOCATIONAL OR TECHNICAL SCHOOL					
GRADUATE SCHOOL					
OTHER TRAINING INCLUDE MILITARY SCHOOL AND EQUIV. DIPLOMA					
LIST ANY COURSES YOU ARE PRESENTLY TAKING					
LIST ALL OFFICE OR INDUSTRIAL MACHINES/EQUIPMENT YOU CAN OPERATE				TYPING SPEED (words per minute)	

EMPLOYMENT HISTORY

PLEASE LIST ALL FORMER EMPLOYERS, START WITH YOUR LATEST OR PRESENT POSITION. INCLUDE U.S. MILITARY SERVICE (SHOW RANK AND DATE AT DISCHARGE BUT **NOT** TYPE OF DISCHARGE.)

PRESENT OR MOST RECENT EMPLOYER		TELEPHONE			DATES OF EMPLOYMENT FROM MO. YR. TO MO. YR.			
ADDRESS STREET		CITY	STATE	ZIP	TYPE OF BUSINESS			
YOUR JOB TITLE		STARTING SALARY \$		FINAL SALARY \$		ADDITIONAL COMPENSATION		
IMMEDIATE SUPERVISOR		TITLE			REASON FOR LEAVING			
BRIEFLY DESCRIBE YOUR DUTIES								
MAY WE CONTACT YOUR CURRENT EMPLOYER FOR A REFERENCE?								
EMPLOYER		TELEPHONE			DATES OF EMPLOYMENT FROM MO. YR. TO MO. YR.			
ADDRESS STREET		CITY	STATE	ZIP	TYPE OF BUSINESS			
YOUR JOB TITLE		STARTING SALARY \$		FINAL SALARY \$		ADDITIONAL COMPENSATION		
IMMEDIATE SUPERVISOR		TITLE			REASON FOR LEAVING			
BRIEFLY DESCRIBE YOUR DUTIES								
EMPLOYER		TELEPHONE			DATES OF EMPLOYMENT FROM MO. YR. TO MO. YR.			
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YOUR JOB TITLE		STARTING SALARY \$		FINAL SALARY \$		ADDITIONAL COMPENSATION		
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BRIEFLY DESCRIBE YOUR DUTIES								
EMPLOYER		TELEPHONE			DATES OF EMPLOYMENT FROM MO. YR. TO MO. YR.			
ADDRESS STREET		CITY	STATE	ZIP	TYPE OF BUSINESS			
YOUR JOB TITLE		STARTING SALARY \$		FINAL SALARY \$		ADDITIONAL COMPENSATION		
IMMEDIATE SUPERVISOR		TITLE			REASON FOR LEAVING			
BRIEFLY DESCRIBE YOUR DUTIES								

GENERAL INFORMATION

PLEASE INCLUDE ANY OTHER INFORMATION YOU THINK WOULD BE HELPFUL TO US IN CONSIDERING YOU FOR EMPLOYMENT SUCH AS ADDITIONAL WORK EXPERIENCE, ACTIVITIES, ACCOMPLISHMENTS, PERSONAL GOALS, VOLUNTARY WORK EXPERIENCES, ETC.
(YOU MAY EXCLUDE INFORMATION INDICATIVE OF AGE, SEX, RACE RELIGION, COLOR, NATIONAL ORIGIN OR HANDICAP.)

SIGNATURE

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN BELOW IN THE SPACE PROVIDED.

I certify that all statements made by me on this application are true and correct to the best of my knowledge, are a full and complete disclosure, and agree that if employed, any misrepresentation, falsification or omission of facts thereon, shall justify my dismissal.

I understand that my employment is contingent upon satisfactory reference information and the MTT's evaluation of the results of a pre-employment physical examination.

I give MTT the right to fully investigate my work record and educational background. To facilitate such investigation, I hereby authorize any previous employers or educational institutions to release to MTT any information requested and hereby release them from any liability or claims arising out of the release of such information.

I further understand that if employed by MTT, such employment is **not** for any definite period but may be terminated by either party at any time, Illinois state law.

SIGNATURE OF APPLICANT

DATE

DO NOT WRITE BELOW THIS LINE

START DATE	JOB TITLE	GRADE	SALARY
<input type="checkbox"/> HOURLY <input type="checkbox"/> NON-EXEMPT <input type="checkbox"/> TEMPORARY <input type="checkbox"/> PART-TIME <input type="checkbox"/> REVIEW DATE: _____ <input type="checkbox"/> SALARY <input type="checkbox"/> EXEMPT <input type="checkbox"/> REGULAR <input type="checkbox"/> FULL-TIME			
INTERVIEWER	REPORTING TO	DEPT.	

INTERVIEW COMMENTS:

INTERVIEWED BY _____ DATE _____ INTERVIEWED BY _____ DATE _____
PERSONNEL SUPERVISOR

EMPLOYMENT AUTHORIZATION