

BARRETT MACHINE, INC.

MACHINE SHOP • FABRICATION SHOP
INDUSTRIAL SERVICES

399 McGhee Road • Winchester, VA 22603
PO Box 1505 • Winchester, VA 22604
Phone 540.678.1625 • Fax 540.667.3142
www.barrettmachine.com

APPLICATION FOR EMPLOYMENT

Equal Employment Opportunity Statement:

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process.

Please print.

Applicant Information			
Legal Full Name:		Phone #:	
Email:			
Home Address:			
Mailing Address:			
Position(s) Applied For:			
Date of Application:			
Salary Expected:			
How did you learn about Barrett Machine, Inc.?			
<input type="checkbox"/> Advertisement – Specify:			
<input type="checkbox"/> Employee Referral – Which employee?			
<input type="checkbox"/> Employment Agency – Specify:			
<input type="checkbox"/> Other – Specify:			
Have you ever applied for a position with us before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Specify date:	
Have you ever been employed with us before?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Specify date & position:	
Are you currently employed?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
On what date would you be available for work?			
Are you available to work:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> All shifts <input type="checkbox"/> Temporary
Can you travel for work if necessary?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you legally permitted to work in the United States? <small>NOTE: Proof of eligibility will be required within three working days of employment.</small>	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you 18 years of age or older?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Are you willing to take drug tests at the Company's request?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
Have you ever gone by a name other than the one listed above?	<input type="checkbox"/> No	<input type="checkbox"/> Yes – Please list:	

Education			
Name of School:		City, State:	
Years Completed:	Degree/Major	Diploma obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School:		City, State:	
Years Completed:	Degree/Major:	Diploma obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of School:		City, State:	
Years Completed:	Degree/Major:	Diploma obtained?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Military Service	
Have you ever service in the U.S. military?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If you answered 'no' to the above question, please skip the rest of this section.	
What was the length of your military service?	
What was your rank at time of discharge?	
What type of training and work experience did you receive while in the military?	

Employment History			
Employer:		Phone #:	
Address:			
Position Title Duties:			
Supervisor:		Start Date:	End Date:
Why did you leave this job?			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Employer:		Phone #:	
Address:			
Position Title & Duties:			
Supervisor:		Start Date:	End Date:
Why did you leave this job?			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later
Employer:		Phone #:	
Address:			
Position Title & Duties:			
Supervisor:		Start Date:	End Date:
Why did you leave this job?			
May we contact this employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Later

References			
Name	Phone Number	Relationship	Years Known

Additional Information
Awards or Honors Received:
Professional or Civic Activities:
Licenses or Certifications:
Activities or Sports You Participate(d) In:

APPLICANT'S SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

_____ Signature of Applicant

_____ Date