

JOB APPLICATION

Pearson Fastener 1400 Samuleson Road, Rockford, Illinois 61107 815-397-4460

Pearson Fastener is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below:

Applicant Information		
Applicant Name:		
Address:		
City, State and Zip Code:		
Telephone Number:		
Email Address:		
Date of Application:		
Employment Position Position(s) applying for: Manufacturing Operations (full time)		
How did you hear about this position?		
What days are you available for work?		
If needed, are you available to work overtime?		
On what date can you start working if you are hired?		
Do you have reliable transportation to and from work?		
Personal Information		
Have you ever applied to or worked for Pearson Fastener before?	Yes	No
If yes, when?		
Do you have any friends, relatives, or acquaintances working for Pearson Fastener	Yes	No
If yes, state name & relationship:		NO
Are you 18 years of age or older?	Yes	No
Are you a U.S. citizen or approved to work in the United States?	Yes	No
What document can you provide as proof of citizenship or legal status?		

Will you consent to a mandatory controlled substance test? Do you have any condition which would require job accommodations?			Yes	No
			Yes	No
If yes, please describe accom	modations required below.			
Have you ever been convicte	d of a criminal offense (felony o	r misdemeanor)?	Yes	No
•	e of the crime(s), when and whe	•	ion of the case:	
offense, the nature of the offe surrounding circumstances and	ed employment solely on the gro nse, including any significant de the relevance of the offense to th	tails that affect the desci	ription of the event	, and th
Job Skills/Qualifications Please list below the skills ar	nd qualifications you possess	for the position in whic	ch you are applyir	ıg:
necessary for eligible applicants	lies with the ADA and considers s/employees to perform essential to a medical examination conduct	functions. It is possible th	nat a hire may be te	•
High School				
Name	Location (City, State)	Year Graduated	Degree Earne	ed
College/University				
Name	Location (City, State)	Year Graduated	Degree Earne	ed
Vocational School/Specialized	1			
Name	Location (City, State)	Year Graduated	Degree Earne	ed
Military:	•			
Are you a member of the Armo	ed Services?			
What branch of the military di	d you enlist?			
What was your military rank w	hen discharged?			
How many years did you serve	in the military?			
What military skills do you pos	sess that would be an asset for	this position?		

Previous Employment		
Employer Name:		
Job Title:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		
Dates Employed:		
Reason for leaving:		
Employer Name:		
Job Title:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		
Dates Employed:		
Reason for leaving:		
-		
Employer Name:		
Job Title:		
Supervisor Name:		
Employer Address:		
City, State and Zip Code:		
Employer Telephone:		
Dates Employed:		
Reason for leaving:		
References Please provide 2 personal and professio	ıl reference(s) below:	
Reference	Contact Information	
AT-WILL EMPLOYMENT		
The relationship between you and the your employment can be terminated at you or Pearson Fastener. No represent contrary to the foregoing "employment and that you acknowledge that no oral	earson Fastener is referred to as "employment at will." This meany time for any reason, with or without cause, with or without not we of Pearson Fastener has authority to enter into any agreement will" relationship. You understand that your employment is "at written statements or representations regarding your employment for a written statement signed by you and either our Executive Company's President.	otice, b nt will," ent can
Applicant Signature:	Dated:	

