

SILVER EAGLE MANUFACTURING CO.

INSTRUCTIONS TO THE APPLICANT

Thank you for your interest in applying for a position at Silver Eagle Manufacturing Co. The information you provide on this application will help us determine if your skills and abilities meet the requirements of the position.

Please fill out the packet completely and accurately. Keep in mind that:

1. All statements are subject to verification.
2. Deliberate inaccuracies or incomplete statements may bar or remove you from consideration.
3. All time periods in your background must be accounted for.

It is to your advantage to respond openly. Any negative factor in your background will be evaluated in terms of circumstances and facts surrounding its occurrence, and its degree of relevance to the job. For example, being fired from a job or having an arrest record is not, in itself, grounds for disqualification.

Please print in ink or type your responses to this questionnaire. If a question does not apply to you, write N/A (no applicable) in the space provided for your answer. If you need more space to respond to a question, use the reverse side of the page (or an additional electronic sheet) and identify the additional information by the question number. An incomplete application will not be considered.

If you are chosen for an interview with Silver Eagle Manufacturing, you will be notified by phone within one month of your application. If you are not notified, then you may assume that you were not chosen for consideration at this time.

Silver Eagle Manufacturing is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, mental or physical handicap, ethnic background, veterans status, sexual preference, political affiliation or belief, marital status or association with any person of a particular race, color, sex, national origin, marital status, age or religion.

All open positions are posted on the Silver Eagle Manufacturing website (www.silvereagle.mfg.com) and we encourage you to check the site frequently and reapply when an opening occurs that fits your skills, abilities, and experiences.

Thank you!

Silver Eagle Manufacturing Company

Application for Employment

Silver Eagle Manufacturing is an Equal Opportunity Employer, and does not discriminate in employment because of race, color, creed, gender, age, national origin, marital status, physical or mental handicaps, sexual orientation or veteran status, complying with federal and state laws.

PERSONAL

Last Name	First	Middle Initial	
Address			
City	State	Zip	Phone ()
If no phone, how may we contact you?			
Referred By		Relationship	

- Position Applied For _____
- When would you be available to begin work? _____
- Are you legally eligible to be employed in the United States? YES [] NO []
- Have you been convicted of a felony within the last seven years? If yes, please explain: (A conviction will not necessarily result in the denial of employment.) YES [] NO []

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- Have you ever worked for Silver Eagle Manufacturing before? YES [] NO []
If yes, please list your previous dates of employment and your job title:
Dates of Employment _____ to _____ Job Title _____

- Do you have any relatives or friends who work for the Company? YES [] NO [] If yes, who and what is their position:

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- If hired, are you willing to submit to and pass a controlled substance test? YES [] NO []
 - Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? YES [] NO []

Employment History

(Please start with your present or most recent position and provide employment information for the last seven (7) years. Use additional electronic or paper sheet if more space is needed.)

Employer		Phone ()	
Address		City	State Zip
From:	To:	Position Held:	
Supervisor:		Final Rate of Pay:	
Reason for Leaving			
May we contact this employer? Yes () No ()			
Your supervisor would rate your work quality as:			
() Excellent	() Very Good	() Good	() Fair () Poor
Your supervisor would rate your work quantity as:			
() Excellent	() Very Good	() Good	() Fair () Poor
Your supervisor would rate your work safety as:			
() Excellent	() Very Good	() Good	() Fair () Poor

Employer		Phone ()	
Address		City	State Zip
From:	To:	Position Held:	
Supervisor:		Final Rate of Pay:	
Reason for Leaving			
May we contact this employer? Yes () No ()			
Your supervisor would rate your work quality as:			
() Excellent	() Very Good	() Good	() Fair () Poor
Your supervisor would rate your work quantity as:			
() Excellent	() Very Good	() Good	() Fair () Poor
Your supervisor would rate your work safety as:			
() Excellent	() Very Good	() Good	() Fair () Poor

Employer		Phone ()	
Address		City	State Zip
From:	To:	Position Held:	
Supervisor:		Final Rate of Pay:	
Reason for Leaving			
May we contact this employer? Yes () No ()			
Your supervisor would rate your work quality as:			
() Excellent	() Very Good	() Good	() Fair () Poor
Your supervisor would rate your work quantity as:			
() Excellent	() Very Good	() Good	() Fair () Poor
Your supervisor would rate your work safety as:			
() Excellent	() Very Good	() Good	() Fair () Poor

Skills and Abilities

Please list the types of office machines, equipment and computer software you have experience using. If you are applying for a position in the Machine Shop please also include types of machines you have experience using.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Describe other relevant mechanical abilities and/or experience: _____

Education

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
High School			9 10 11 12	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Business/Trade/Other			1 2 3 4	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Other Experience and Qualifications

Please list below all other experience and/or training you have that would help you fill the requirements of this position:

Please list below any other additional information you wish to have considered regarding your job qualifications:

I authorize the company to investigate the statements on this and any other forms completed by me as part of the application process, and any other information relevant to my employment qualifications. I release from liability any persons or employers supplying such information, and I also release Silver Eagle Manufacturing and their agents, from all liability resulting from the investigation.

1. I certify the information in this or any other application forms is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts in this or other required documents or statements will be cause for denial of employment or immediate termination, regardless of when or how discovered.
2. If employed I agree to abide by all the company rules and regulations, and understand that my employment may be terminated with or without cause, and with or without notice at any time, at the option of either the company or me. I further understand that no representation, whether oral or written by any representative or agent of the Company, at any time, can constitute a contract of employment. I understand that the Company and all Plan Administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment (subject to limitations under the Company's union contract(s) and applicable law governing union relations, for bargaining unit employees.) No representative or agent of the company has the authority to enter into any agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other term or condition of employment other than a document signed by the President/Chief Executive Officer or to make any agreement contrary to the foregoing. I also agree to conform to all the existing and future company rules and regulations, and understand the Company reserves the right to change wages and/or hours as deemed necessary
3. I understand that my employment is contingent upon passing (post-offer) a controlled substance screening test as well as a physical examination demonstrating I can perform the essential functions, with or without reasonable accommodation, of the position.
4. This form was completed by me, and all information on it is true and complete to the best of my knowledge:

Date: _____

Signature: _____

Please Print Name: _____

APPLICANT AFFIRMATIVE ACTION INFORMATION

Silver Eagle Manufacturing Company is an Equal Opportunity Employer. The information on this page is needed to comply with federal reporting requirements. Although providing this information is voluntary, your cooperation is appreciated.

Date _____

APPLICANT NAME

First	Middle Initial	Last
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ETHNICITY

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan native (not Hispanic or Latino)
- Two or more races (not Hispanic or Latino)

GENDER

- Male
- Female

APPLICANT SOURCE

- Walk-In
- Newspaper Ad
- Non-profit Agency
- Private Employment Agency
- Friend/Relative of Company Employee
- Other _____