

# AISIN LIGHT METALS, LLC

## PRE-PLACEMENT HISTORY

Notice to all applicants: If an offer has been made, it is conditional upon your undergoing a pre-employment medical questionnaire, physical and drug test at a clinic of Aisin Light Metals, LLC's choice and at no cost to you. Upon satisfactory completion of pre-employment screening, then and only then, will a job offer be complete.

We consider applicants for all positions without regard to race, color, religion, creed, national origin, age, disability, marital or veteran status, sexual orientation or any other legally protected status.

Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

How did you learn about us? (circle below)			
Advertisement Relative	Friend Internet	Walk-In Billboard	Employment Agency Other _____

Last Name _____ First Name _____ M.I. _____		
Present Address _____		
City _____	State _____	Zip Code _____
Telephone Number (____) _____ Social Security Number _____		

Are you 18 years of age or older?..... Yes No

Have you ever filed an application with us or Aisin before?..... Yes No  
If yes, give date \_\_\_\_\_

Have you ever been employed with Aisin before?..... Yes No  
If yes, give date \_\_\_\_\_

Are you currently employed?..... Yes No

May we contact your present employer?..... Yes No

Are you eligible to work in the U. S.?..... Yes No  
(Proof of citizenship or immigration status will be required upon employment)

On what day would you be available for work? \_\_\_\_\_

Are you available to work \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

What shift would you prefer? (circle preference) 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Are you willing and able to work other shifts?..... Yes No  
If yes, what shifts? 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>

Have you ever been convicted of or plead guilty to a felony?..... Yes No

**You are not obligated to disclose sealed or expunged records of convictions or arrest**

If yes, give each date, place and sentence or fine received and describe in detail the crime you were convicted of committing. Criminal convictions are not an absolute bar to employment, and will only be considered in relation to specific job requirements.

\_\_\_\_\_

Have you ever been terminated or asked to resign?..... Yes No  
 If yes, give details, including employer, immediate supervisor, date of  
 termination or resignation, and reason \_\_\_\_\_

Describe any specialized, apprenticeship, skills or hobbies \_\_\_\_\_

\_\_\_\_\_

Describe any job-related training in the United States military \_\_\_\_\_

\_\_\_\_\_

**Complete if Applicable**

For each piece of equipment listed below, please put an O next to the ones you can operate. If you can set up and operate, put an S. Also, fill in the number of years of experience on each piece of equipment.

O/S	Yrs. Exp.	
		Drill Press
		Engine Lathe
		Forklift Truck
		Grinding
		Inspection
		Internal Grinder
		Lasers
		Mechanical Assembly
		Milling Machine

O/S	Yrs. Exp.	
		Press Brake
		Program CNC
		Shear
		Truck Driver
		Turret
		Tool & Cutter Grinder
		Welding - Mig
		Welding - Tig

List other machines you can operate, or any special training \_\_\_\_\_

\_\_\_\_\_

Check below the office skills you have which apply to the position you are seeking:

- Calculator   
  Copy Machine   
  Fax Machine   
  Personal Computer

List all computer software you can use: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

U. S. Military Service \_\_\_\_\_ Rank \_\_\_\_\_  
 \_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application \_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Education	Name & Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Other Schools				

**Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer Name		Dates Employed (Day/Month/Year)	
Telephone Number ( )		From	To
Address			
Hourly Rate/Salary	Starting	Final	
Job Title	Supervisor		
Work Performed			
Reason for Leaving			

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Telephone Number ( )		From	To
Address			
Hourly Rate/Salary	Starting		Final
Job Title	Supervisor		
Work Performed			
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Employer Name		Dates Employed (Day/Month/Year)	
Telephone Number ( )		From	To
Address			
Hourly Rate/Salary	Starting		Final
Job Title	Supervisor		
Work Performed			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

### References

Give the names of three persons not related to you, whom you have known at least one year.

Name	Address / Phone	Business	Yrs. Acquainted
1.			
2.			
3.			

I certify that the facts contained in this application are true and complete and understand that, if employed, falsified statements or omissions of information on this application shall be grounds for dismissal.

