

AISIN MFG. ILLINOIS, 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 Mfg. Illinois, 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, gender, 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 us or 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) 1st 2nd 3rd

Are you willing and able to work other shifts? Yes No

If yes, what shifts? 1st 2nd 3rd

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

you are not obligated to disclose sealed or expunged records of conviction 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 _____

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

Describe any specialized training, apprenticeship, skills or hobbies _____

Describe any job-related training received 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 _____

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			

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			

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 omission of information on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

In consideration of my employment, I agree to abide by all policies and regulations of the Company. I understand my employment is at will and I may resign at any time for any reason; similarly, my employment may be terminated by Aisin Manufacturing at any time for any reason. Any oral or written statements that contradict this employment at will relationship are disavowed by Aisin Manufacturing and should not be relied upon by any employee.

I understand and agree that, if employment is offered, I will undergo a pre-employment medical questionnaire, physical and drug test at a clinic of Aisin Manufacturing's choice and at no cost to myself. Upon satisfactory completion of tests, **then and only then** will a job offer be valid.

Date _____ Signature _____

Do Not Write Below

Interviewed by: _____ Date _____

Pre placement screening: Yes No Explain _____

Hired: Yes No Position _____ Dept _____

Salary/Wage _____ Date reporting to work _____

Approved: 1 _____ 2 _____ 3. _____
 Employment Manager Department Head General Manager

Notes:

