



Star Manufacturing Company  
1801 S Ihm Blvd Freeport IL 61032

## Application for Employment

*Star Manufacturing is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.*

### Applicant Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle*

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Check the appropriate box:*

Type of Work Desired:  Full Time  Part Time

Position Desired:  Entry Level  Other: (specify) \_\_\_\_\_

Preferred Shift  1st  2nd  3rd

Date Available: \_\_\_\_\_ Rate of Pay Desired: \_\_\_\_\_

Referred By: \_\_\_\_\_

Do you know anyone who currently works at Star Manufacturing? \_\_\_\_\_

*Please check correct box to left of questions below*

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you worked for Star Manufacturing before?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently employed?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you at least 18 years of age?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you legally eligible for employment in the United States?                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you able to perform the essential function of the position(s) for which you are applying? |

---

## Skills

Star would like to know more about any skills or experience that you may have from your previous employment or education. It is important to note that your desire to work and willingness to learn are just as important as specific skills that you may or may not have. Please check any of the boxes below that apply to your experience:

- |  |  |
|--|--|
| <input type="checkbox"/> Blue Print Reading      | <input type="checkbox"/> Shipping/Receiving            |
| <input type="checkbox"/> Part Measurement        | <input type="checkbox"/> Punching or Forming Materials |
| <input type="checkbox"/> Press Set Up            | <input type="checkbox"/> Welding                       |
| <input type="checkbox"/> Equipment Maintenance   | <input type="checkbox"/> Die Setting                   |
| <input type="checkbox"/> Fork Lift Operation     | <input type="checkbox"/> Heat Treating                 |
| <input type="checkbox"/> Threading               | <input type="checkbox"/> Upsetting                     |
| <input type="checkbox"/> Lathe or Mill Operation | <input type="checkbox"/> CNC Machining                 |

List any other skills: \_\_\_\_\_

## Education

	Name of School	Favorite Subjects	No. of years completed	Diploma or Degree Received
High School or GED				
Technical School				
Other				

Do you have a Certificate of Employability (COE)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a National Career Readiness Certificate (NCRC)?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever taken the Work Keys Test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, are you willing to share your results?	YES <input type="checkbox"/> NO <input type="checkbox"/>

List any other educational courses, seminars, or classes you have taken that relate to work:

---



---



---

## References

Please list three references (not relatives)

Name	Phone Number	Occupation

## Employment History *(Including Military Service)*

List your present or most recent employer first.

Company Name: \_\_\_\_\_ Last Position held: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Ending Wages per Hour: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Last Position held: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Ending Wages per Hour: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Last Position held: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Ending Wages per Hour: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Company Name: \_\_\_\_\_ Last Position held: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Ending Wages per Hour: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Dates of employment: \_\_\_\_\_ to \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Please provide any other information that you feel will help us in considering your application for employment:

---

---

---

---

---

### **Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I authorize Star Manufacturing to verify their accuracy and to obtain reference information on my work performance. I hereby release Star Manufacturing from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Applicant Signature \_\_\_\_\_

Date: \_\_\_\_\_