



## Application For Employment

US Tool Group  
2000 Progress Dr.  
Farmington, MO 63640

Human Resources PH 573-431-3856  
FX 573-760-1275

Please print legibly and answer all questions. You must have two valid forms of ID in order to be considered for employment. All new hires must consent to and pass a drug test before being hired at US Tool Group.

SHIFT PREFERENCE: 1 2 3 (please circle one or more)      DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_)\_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

POSITION DESIRED:  Manufacturing  Warehouse  Maint./Machine Shop  Building Maint.  Quality

Accounting/System Support  Buyers/Expeditors  Information Technology  Customer Service/Production Control

Human Resources  Product Engineering  Office Administrative Assistant  Supervisory/Management  Tool Crib  Other

SALARY DESIRED \$ \_\_\_\_\_

ARE YOU OVER 18?  YES  NO      DATE YOU CAN BEGIN EMPLOYMENT \_\_\_\_/\_\_\_\_/\_\_\_\_

ARE YOU LEGALLY ABLE TO WORK IN THE US?  YES  NO

Do you use illegal drugs?  YES  NO

Have you ever applied to this company before?  YES  NO

Any physical restrictions that keep you from performing any work for which you have been considered?  YES  NO

Are you currently employed?  YES  NO

May we inquire of your present employer?  YES  NO

List anyone you know working at U.S. Tool \_\_\_\_\_ Who were you referred by? \_\_\_\_\_

Who were you referred by? \_\_\_\_\_

EDUCATION	NAME/LOCATION OF SCHOOL	DEGREE	FIELD OF STUDY
HIGH SCHOOL OR TRADE SCHOOL		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OR TECH SCHOOL		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE(S)		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER TRAINING: SKILLS AND QUALIFICATIONS		DIPLOMA? <input type="checkbox"/> Yes <input type="checkbox"/> No	

US Tool Group

**WORK EXPERIENCE**

PREVIOUS EMPLOYER	ADDRESS	TELEPHONE
START/ LEAVE DATES	RATE OF PAY	REASON FOR LEAVING
JOB TITLE	SUPERVISOR/ TITLE	
DESCRIBE RESPONSIBILITIES		

PREVIOUS EMPLOYER	ADDRESS	TELEPHONE
START/ LEAVE DATES	RATE OF PAY	REASON FOR LEAVING
JOB TITLE	SUPERVISOR/ TITLE	
DESCRIBE RESPONSIBILITIES		

PREVIOUS EMPLOYER	ADDRESS	TELEPHONE
START/ LEAVE DATES	RATE OF PAY	REASON FOR LEAVING
JOB TITLE	SUPERVISOR/ TITLE	
DESCRIBE RESPONSIBILITIES		

**REFERENCES**

NAME	TELEPHONE	ADDRESS	RELATIONSHIP

THE FACTS SET FORTH IN MY APPLICATION ARE TRUE AND COMPLETE. I AUTHORIZE MY FORMER EMPLOYERS TO FURNISH ALL INFORMATION PERTAINING TO MY WORK RECORD AND RELEASE THEM FROM LIABILITY IN SUPPLYING THIS INFORMATION. IF EMPLOYED, FALSE STATEMENTS, OMISSIONS OR MISLEADING INFORMATION SHALL BE CAUSE FOR DISMISSAL AT ANY TIME, I MAY NOT HOLD U.S. TOOL GRINDING, INC. LIABLE IN ANY WAY.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



## Applicant Affirmative Action Information

US Tool Group is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status. In extending this invitation you are also advised that: (a) you are under no obligation to respond, but may do so in the future if you choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

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

**Gender (circle one):** Female     Male

**Date of Birth (Month/Day/Year):** \_\_\_\_\_

**Race or Ethnic Identity (Please check all that apply):**

Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
White (not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
Black or African American (not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Pacific Islander (not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
Asian (not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
American Indian or Alaskan Native (not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
Two or More Races (not Hispanic or Latino)	All persons who identify with more than one of the above five races.
I do not wish to Self- Identify	



## Invitation to Self-Identify

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 30 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Force service medal veterans. These classifications are defined as follows:

Recently Separated Veteran	Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the US military, ground, naval, or air service
Disabled Veteran	A veteran in the US military, ground, naval, or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs or A person who was discharged or released from active duty because of a service-connected disability
Active Duty Wartime or Campaign Badge Veteran	A veteran who served on active duty in the US military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense
Armed Forces Service Medal Veteran	Any veteran who, while serving on active duty in the US military, ground, naval, or air service, participated in a US military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Please check one option below:

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE
- I AM NOT A PROTECTED VETERAN

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

### How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

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OMB Control Number 1250-0005  
Expires 1/31/2017  
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### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.