



Custom Manufacturing Solutions, Inc.

479 Bellbrook Avenue • P.O. Box 840 • Xenia, Ohio 45385

EMPLOYMENT APPLICATION (Please print)

Please fill out this form in its entirety. Do not reference "see resume." If not applicable, write N/A.

PERSONAL DATA

Name: _____
(First) (Middle) (Last)

Today's Date: _____

Address: _____
(Street)

Telephone: _____

(City) (State) (Zip)

Alternate Telephone: _____

Notify In Case Of Emergency: _____
(Relationship)

Social Security No: _____

(Name) (Phone No.)

Date Available For Employment: _____

Position Applying For: _____

GENERAL DATA

Current Hourly Wage \$ _____/hr

Minimum Acceptable Hourly Wage \$ _____/hr

Shift Preferred: (List 1, 2 and 3 In Order Of Desired Shift)

1st Shift 2nd Shift 3rd Shift

YES NO

Are you employed now?..... YES NO

Can we contact all your former employers/supervisors?..... YES NO

Have you ever had a security clearance? YES NO

Date last in effect _____

Level of Clearance _____

Can you perform the essential functions of the job consistently and promptly?..... YES NO

Are you at least 18 years of age?..... YES NO

Do you have the legal right to work in the U.S.?..... YES NO

Will you do manual labor?..... YES NO

Heavy lifting (over 35 lbs.)?..... YES NO

Light lifting (under 35 lbs.)?..... YES NO

Can you work overtime?..... YES NO

Weekends?..... YES NO

Holidays?..... YES NO

Do you read blueprints? YES NO

Do you read electrical schematics? YES NO

Do you have your own tools? YES NO

Can you use precision measuring instruments? YES NO

What type and size: _____

Are you acquainted with any CMS, Inc. employees?..... YES NO

Name: _____ Relationship: _____

How were you referred to CMS, Inc.? _____

Please list any relatives employed by CMS, Inc.:

SKILLS INVENTORY

CLERICAL AND ADMINISTRATIVE (check skills listed and note specifics below):

- Equipment Operated: Copy machine Switch board (number of lines _____)
 Ten key calculator Transcribing Machine Other: _____
 Secretarial and Typing: Typing (WPM _____) Shorthand (WPM _____)
 Data Processing: Word Processing (Equipment _____ and Software familiar with: _____)
 Word Processing Typing (WPM _____)
 Data Entry (Equipment _____) Computer Graphics (Equipment _____)
 Accounting: Accounts Payable Accounts Receivable Bookkeeping Payroll Inventory Control
 General Office: Receptionist Filing Mailroom Other

TECHNICAL AND GENERAL (Check skills listed and note specifics below):

Machinist/Toolmaker (list all machines that you have actual work experience with and fill in the rest of the information):

| Type/Name of Machine | CNC, NC or Conventional | Can you program this machine | How many years of experience? | Can you set up this machine? | Did you perform Mil-spec work? |
|----------------------|---|--|-------------------------------|--|--|
| | <input type="checkbox"/> CNC <input type="checkbox"/> NC <input type="checkbox"/> Conventional | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> CNC <input type="checkbox"/> NC <input type="checkbox"/> Conventional | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> CNC <input type="checkbox"/> NC <input type="checkbox"/> Conventional | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> CNC <input type="checkbox"/> NC <input type="checkbox"/> Conventional | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> CNC <input type="checkbox"/> NC <input type="checkbox"/> Conventional | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

MACHINE OPERATION: (Check machine worked with and number of years experience)

- Punch Press _____ years of experience Turret Punch Press _____ years of experience
 Saws _____ years of experience Press Brakes _____ years of experience
 Shears _____ years of experience

List all other equipment you can operate: _____

WELDER (check all applicable experience and number of years experience):

| TYPE/NAME | YEARS EXPERIENCE |
|--|------------------|
| <input type="checkbox"/> TIG | |
| <input type="checkbox"/> MIG | |
| <input type="checkbox"/> ALUMINUM | |
| <input type="checkbox"/> STAINLESS STEEL | |
| <input type="checkbox"/> STEEL | |
| <input type="checkbox"/> MILITARY SPECS | |
| <input type="checkbox"/> ROBOTIC | |
| NAME OF WELDER: _____ | |

- DO YOU HAVE YOUR OWN WELDING HELMET? YES NO
 CAN YOU DO YOUR OWN FIX-UPS/SET-UPS? YES NO
 HAVE YOU EVER BEEN CERTIFIED? YES NO

REMARKS: _____

TECHNICAL - SKILLED (check those positions that you have work experience):

- Drafter/Designer (ELE MECH) Machine Maintenance
 Assembly (ELE MECH) Sheet Metal Worker/Fabricator
 Carpentry NC/CNC Programmer
 Electrician Truck Driver (Chauffeur License: Yes No)
 Forklift Shipping/Receiving
 Inspection/Quality Control Warehouse/Material Handler
 Facility/Plant Maintenance Spray Painter (Electrostatic Exp.: Yes No)
 Stock/Toolroom Clerk Laborer
 Other _____

EDUCATION

High School/Vocational _____ City and State _____
 Total No. Years Attended _____ Did you graduate? Yes No
 Major course of study _____

Technical School _____ City and State _____
 Total years attended _____ Did you graduate? Yes No
 Major course of study _____ Type of Degree/Diploma _____
 If you did not complete High School or Vocational School, did you complete the
 General Education Degree (GED) requirements? Yes No

College _____ City and State _____
 Did you graduate? Yes No Major: _____
 Date Graduated _____ Grade Point Average _____ Out of _____
 Total number of years attended _____ Quarterly Hrs.: _____ Semester Hrs.: _____

EMPLOYMENT HISTORY

Company: _____ Phone: _____
 City/State _____ Hourly rate of pay: _____
 Employed from: _____ to _____ Supervisor: _____ Start: _____/Hr. _____
 End: _____/Hr. _____
 Position(s) held and duties: _____

 Reason(s) for leaving: _____

Company: _____ Phone: _____
 City/State _____ Hourly rate of pay: _____
 Employed from: _____ to _____ Supervisor: _____ Start: _____/Hr. _____
 End: _____/Hr. _____
 Position(s) held and duties: _____

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Company: _____ Phone: _____
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 End: _____/Hr. _____
 Position(s) held and duties: _____

 Reason(s) for leaving: _____

MILITARY RECORD

Branch of Service _____ Dates: From _____ to _____

Rank at Discharge _____ Date of Final Discharge _____

Describe your duties and any special training/schools: _____

EMPLOYEE AGREEMENT

I agree to comply with all the policies and procedures of this company. I affirm and declare that all the foregoing statements are true and correct, and that I have not knowingly withheld any fact that would, if disclosed, affect my application unfavorably, and I authorize the company to conduct any investigation it considers necessary on this application. I also authorize this company to release such information together with their opinions on these matters without any liability for any damage whatsoever caused either directly or indirectly by giving or receiving this information or opinions. I authorize my former and present employers and personal references to give any information they may have concerning my performance and employment record. It is understood that false statements on this application may be considered as sufficient cause for rejection of this application, or dismissal, if already employed by the company. I attest to the fact that I have no employment contracts with either my current or former employer that will prohibit my employment in any capacity or area of Custom Manufacturing Solutions, Inc. endeavors. I understand, if hired, I am employed at the will of the company for an indefinite period of time. I may resign from Custom Manufacturing Solutions, Inc. at any time, for any reason and may be terminated by Custom Manufacturing Solutions, Inc. at any time, for any reason, and with or without notice. My employment will be contingent upon successfully passing a drug screening test, and that my continuing employment is contingent upon my passing any future test that I may be required to take during my employment. I hereby release and hold toxicologist, testing laboratory, and medical clinic harmless for release of any information concerning the testing to Custom Manufacturing Solutions, Inc. I further release and hold harmless Custom Manufacturing Solutions, Inc., their directors, officers, stockholders and employees for use of this information. I understand that although management makes every effort to accommodate individual preferences, business needs may, at times, require mandatory overtime, shift work, rotating work schedules, or a work schedule other than Monday through Friday. I further understand that the company reserves sole and exclusive right to determine job assignments. I further understand that this is an application for employment and that no employment contract is being offered or implied. If this job requires a government security clearance, I will be required to complete the paperwork necessary to obtain a clearance and continued employment will be contingent upon a granted clearance with a reasonable length of time.

Signature _____ Date _____

BE SURE TO SIGN AND DATE THIS APPLICATION

Custom Manufacturing Solutions, Inc. will not discriminate against any employee or applicant because of race, color, religion, sex, age, national origin, or handicap, or due to the fact that he/she is a disabled veteran or a veteran of the Vietnam Era.