

# **Employment Application**

500 South Spencer Avenue, P.O. Box 468

Newton, Kansas 67114-0468

316-284-2020

Bunting<sup>®</sup> Magnetics Co. is an Equal Opportunity Employer; in compliance with federal and state laws, we do not base employment decisions on race, color, religion, sex, disability, national origin, age, or ancestry. Please answer the following questions honestly and completely.

#### PERSONAL INFORMATION

	First	Initial	Phone Number	Date Applied
Present Street Address	City	State	Zip Code	How Long?
Former Street Address	City	State	Zip Code	How Long?
Email Address			Employee who	referred you to position?
Position Desired (first choice)			Position Desired (second	choice)
Shift PreferenceDays	Evenings		If offered employment, v	hen could you begin work?
Are you legally eligible for emplo	yment in the U.S	S.?YesNo	Are you over th	e age of 18?YesNo
Have you previously worked for E	Bunting Magnetic	cs CoYesNo	If so, when?	
Have you ever been convicted of a	a felony?Ye	esNo	If so, please exp	lain
(Note: Prior convictions will not necessari rehabilitation will be considered.				ise, seriousness and nature of the violation, and
EDUCATION INFORMA	TION		iestry and completely will resul	t in your application being discarded.)
EDUCATION INFORMA		Diploma/Degree I		Course of Study/Type of Degree
Name and Location of Sc	chool			
Name and Location of Sc	chool	Diploma/Degree I	Received?	
Name and Location of So  High School:  Vocational:	chool	Diploma/Degree I	Received? No	
Name and Location of Southigh School:	chool	Diploma/Degree IYesYes	Received? No No	
Name and Location of Sc  High School:  Vocational:  College:  Other:	chool	Diploma/Degree IYesYesYes	Received?NoNoNo	
	chool	Diploma/Degree IYesYesYesYesYes	Received?NoNoNoNo	

### EMPLOYMENT HISTORY

Company Name	Address	Name of Supervisor	Tele#	May we contact?
Beginning Date	Beginning Pay	Ending Date	Ending Pay	
Work Performed			Reason for l	Leaving
Company Name	Address	Name of Supervisor	Tele #	May we contact?
Beginning Date	Beginning Pay	Ending Date	Ending Pay	
Work Performed			Reason for l	Leaving
Company Name	Address	Name of Supervisor	Tele#	May we contact?
Beginning Date	Beginning Pay	Ending Date	Ending Pay	
Work Performed			Reason for l	Leaving
Company Name	Address	Name of Supervisor	Tele#	May we contact?
Beginning Date	Beginning Pay	Ending Date	Ending Pay	
Work Performed			Reason for l	Leaving
PERSONAL REFER	ENCES List three person	ns, other than friends or relatives, v	vho are familiar with	your work ability.
Name	City & State	Phone	Relationship	o / Years acquainted
Name	City & State	Phone	Relationship	o / Years acquainted
Name	City & State	Phone	Relationship	o / Years acquainted

## **EXPERIENCE** and **TRAINING** (Clerical Application)

Category	Years of Experience	Company/School	Category	Years of Experience	Company/School
Acct. receivable (300)			Typing – WPM (435)		
Acct. Payable (415)			Spreadsheets (439)		
Data Entry (335)			Word Processing (440)		
Filing (420)			Other (990)		
Receptionist (505)			Other (990)		

# **EXPERIENCE** and **TRAINING** (Manufacturing Applications))

Category	Years of Experience	Company/School	Category	Years of Experience	Company/School
Assembly (015)	-		Deburr/Grinding (125)	-	-
Blue Prints (025)			Vertical Mill (130)		
Brake Press (030)			OD Grinder (135)		
Custodian (040)			Spray Painting (140)		
CAD Oper (315)			Punch Press (145)		
Drill Press (045)			Metal Saw (150)		
Inspection (060)			Maint. Mech. (115)		
Jig Bore )065)			Shear (160)		
CNC Lathe (070)			Shipping/Receiving (165	)	
Manual Lathe (075)			Surface Grinder (180)		
Turret Lathe (080)			Tool Maker (185)		
CNC Machining Center	r (090)		Mig Welding (200)		
Machinist (095)			Tig Welding (205)		

Machinist (095)	Tig Welding (205)
Please describe any applicable experience and training you may have	e for the position for which you are applying:
Please describe any supervision/management experience you may ha	ve:
Please list any additional information that may be helpful in consider	ing your application (certifications, specialized training, etc):

### AGREEMENT WITH BUNTING® EMPLOYMENT PHILOSOPHY (Please read carefully before signing)

In signing and submitting this Application for Employment to Bunting<sup>®</sup> Magnetics Co. ("the Company"), I clearly understand and agree to the following statement.

Just as I am free to resign at any time, the Company reserves the right to terminate my employment at any time, with or without cause, and without prior notice. I understand that no supervisor or representative of the Company, except the President, has any authority to make any agreements to the contrary.

If, in the event of employment, I fail to return any tools which I check out, or have purchased through the Company and are unpaid, or if within the first 60 days of employment voluntarily terminate or I am terminated for any reason other than layoff, I hereby authorize the Bunting<sup>®</sup> Magnetics Co.to deduct from any wages due me, at the time, the value of such tools, and medical expenses paid on my behalf. I also agree to furnish the personal tools customarily required for my job.

If employed, I agree to abide by the rules, regulations, and policies of the Company now in force or that may be established in the future, and I agree to conduct myself in accordance with them, with full knowledge that violation may mean discipline, including discharge. I also agree to devote my full time to the best interest of the Company.

If requested, I will furnish a doctor's statement regarding any condition which I may have listed on this application. If accepted for employment, prior to such employment and for the purposes of this application or for the purpose of a medical examination prior to or after I am employed, I authorize my doctor whom I have consulted previously or which I may consult in the future in a physician-patient relationship to release and convey any information to Bunting<sup>®</sup> Magnetics Co. relative to such consultation or treatment. Where a medical examination is required, I understand that my final acceptance and job placement is based upon the findings of the examination.

I hereby affirm that the information provided in this application (and accompanying resume, if any) is true and complete to the best of my knowledge, and I agree that misrepresentation, falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize the persons, schools, current and past employers (if applicable), and organizations named in this application (and accompanying resume, if any) to provide Bunting<sup>®</sup> Magnetics Co. with any and all information concerning my previous employment and any information they may have, personal or otherwise, and I release all such parties from all liability for any damage or claim that may result from furnishing such information to Bunting<sup>®</sup> Magnetics Co.

Signature		Date Signed
HUMAN RESOURCES DEPAR	TMENT USE ONLY	