

PERSONAL INFORMATION

## **Employment Application**

500 South Spencer Avenue, P.O. Box 468 316-284-2020 Newton, Kansas 67114-0468

Bunting ® 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.

#### Date Applied Last Name Middle Initial Home Phone # Cell Phone # Address City Zip Code State **Email Address** Name of Employee who referred you to this position Position Desired (first choice) Position Desired (second choice) Shift Preference ☐ Days ☐ Evenings Full Time Part Time Desired Salary Date Available per hour per year Are you legally eligible for employment in the U.S.? ☐ Yes ☐ No Are you over the age of 18? ☐ Yes ☐ No (If offered employment, you will be required to provide documentation to verify eligibility.) Have you previously worked for Bunting Magnetics Co. ☐ Yes ☐ No If so, when?\_\_\_\_\_ **EDUCATION INFORMATION** Name and Location of School Course of Study No. of Years Diploma or Degree Completed Received **High School** College **Graduate Work** Vocational or **Trade School** Other MILITARY SERVICE INFORMATION Have you ever served in any branch of the U.S. Military? ☐ Yes ☐ No If yes, what education or experience might be related to possible employment? \_\_\_\_\_\_

#### **EMPLOYMENT HISTORY**

| Employer                    | Address              |                             | Telephone #            | Position held                   |
|-----------------------------|----------------------|-----------------------------|------------------------|---------------------------------|
| <b>5</b> 00000 /            | T /                  |                             |                        |                                 |
| From: / Dates of Employment | To:/                 | Name of Supervisor          |                        | Reason for Leaving              |
|                             |                      |                             |                        | -                               |
| May we contact?             | ☐ Yes                | ☐ No                        |                        |                                 |
|                             |                      |                             |                        |                                 |
| Work Performed              |                      |                             |                        | Reason for Leaving              |
|                             |                      |                             |                        |                                 |
|                             |                      |                             |                        |                                 |
| Employer                    | Address              |                             | Telephone #            | Position held                   |
|                             | _ ,                  |                             | ·                      |                                 |
| From: / Dates of Employment | 10:/                 | Name of Supervisor          | <del></del>            | Reason for Leaving              |
|                             |                      | •                           |                        | Ç                               |
| May we contact?             | ☐ Yes ☐ No           |                             |                        |                                 |
|                             |                      |                             |                        |                                 |
| Work Performed              |                      |                             |                        | Reason for Leaving              |
|                             |                      |                             |                        |                                 |
|                             |                      |                             |                        |                                 |
| Employer                    | Address              |                             | Telephone #            | Position held                   |
| From: /                     | To: /                |                             |                        |                                 |
| From: / Dates of Employment | To:/                 | Name of Supervisor          |                        | Reason for Leaving              |
| NA                          | □ Vaa □ Na           |                             |                        |                                 |
| May we contact?             | ☐ Yes ☐ No           |                             |                        |                                 |
|                             |                      |                             |                        |                                 |
| Work Performed              |                      |                             |                        | Reason for Leaving              |
|                             |                      |                             |                        |                                 |
|                             |                      |                             |                        |                                 |
| Employer                    | Address              |                             | Telephone #            | Position held                   |
| From: /                     | To: /                |                             |                        |                                 |
| Dates of Employment         |                      | Name of Supervisor          | <del></del>            | Reason for Leaving              |
| May we contact?             | ☐ Yes ☐ No           |                             |                        |                                 |
|                             |                      |                             |                        |                                 |
| Work Performed              |                      |                             |                        | Reason for Leaving              |
| PERSONAL REFER              | ENCES List three per | sons, other than friends or | relatives, who are far | niliar with your work ability.  |
|                             |                      |                             |                        |                                 |
| Name                        | City & Sta           | ite I                       | Phone                  | Relationship / Years acquainted |
|                             |                      |                             |                        |                                 |
|                             |                      |                             |                        |                                 |
| Name                        | City & Sta           | ite I                       | Phone                  | Relationship / Years acquainted |
|                             |                      |                             |                        |                                 |
| Name                        | City & Sta           | ite I                       | Phone                  | Relationship / 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             | <b>Years of Experience</b> | 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 | (090)                      |                | Mig Welding (200)        |                     |                |
| Machinist (095)      |                            |                | Tig Welding (205)        |                     |                |

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| 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 h        | nave:  |
| Please list any additional information that may be helpful in consider | ring 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 ® 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 \* 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 \* Magnetics Co.

|       | Signature                       | Date Signed |
|-------|---------------------------------|-------------|
| HUMAN | I RESOURCES DEPARTMENT USE ONLY |             |
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