

# MAGNUM SYSTEMS, INC.

## EMPLOYMENT APPLICATION

Magnum Systems, Inc. is an equal opportunity employer who is dedicated to a policy of non-discrimination in employment and does not discriminate based on race, color, age, sex, religion, national origin, veteran status or disability.

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

### PERSONAL INFORMATION

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

Phone Number: \_\_\_\_\_  
Primary Secondary

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

Email: \_\_\_\_\_

Position applying for: \_\_\_\_\_ Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_

Department: \_\_\_\_\_ Preferred Shift: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Have you ever been employed with Magnum Systems? Yes No

If so, please list position and dates of employment \_\_\_\_\_

Do you have relatives employed at Magnum Systems? Yes No

If so, list names, relationships, departments \_\_\_\_\_

How did you learn about the Magnum Systems? \_\_\_\_\_

Have you been convicted of a felony in the past 7 years? Yes No

If yes, please explain \_\_\_\_\_

Are you 18 years of age or older? Yes No

Are you legally eligible for employment in the United States? Yes No

Describe any specialized training, apprenticeship, or additional skills that would be of benefit in the job for which you are applying.

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Check any qualifications that apply:

Production

- ☐ Grinders
- ☐ Forklift
- ☐ Hand Tools
- ☐ Welder
- ☐ Mig \_\_\_\_\_

Equipment

- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_
- ☐ \_\_\_\_\_

## EDUCATION

School	Name and Address	# Years	Graduate	Degree/Major
		Completed	Yes/No	
High School				
College				
Technical				
Vocational				

## WORK-RELATED REFERENCES

Name	Type of Reference Work, School, Other	Phone Number	Address

## EMPLOYMENT HISTORY

May we contact your present employer for a reference?      Yes      No

Please list current and all previous places of employment and complete the information requested for each. List the current or most recent employer first. Include military service if applicable. This section must be completed in its entirety, even if supplemented by a resume.

<b>Name of Employer</b>	Address, City, State	Phone Number
Dates Employed From:                      To:	Current or Final Salary  Full Time ____ Part Time ____	Supervisor's Name
Job Title	Job Duties	
Reason for Leaving		
<b>Name of Employer</b>	Address, City, State	Phone Number
Dates Employed From:                      To:	Current or Final Salary  Full Time ____ Part Time ____	Supervisor's Name
Job Title	Job Duties	
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Reason for Leaving
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## **CERTIFICATION**

Only after reading the requirements of the job for which you are applying, are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied?    Yes      No

A description of the activities involved will be discussed during the interview process.

I certify that the information provided on this application (and all attachments) is true and complete. I understand that Magnum Systems, Inc. will not be able to consider an incomplete application. I understand that any false statements, misleading representations or omissions may disqualify me from further consideration for employment and may result in discharge, if discovered at a later date. I understand that Magnum Systems, Inc. will seek to verify and confirm information provided in this application. I authorize persons, schools, my current employer (if applicable) and previous employers/organizations named in the application (and accompanying resume, if any) to provide Magnum Systems, Inc. with any relevant information regarding an employment decision. In doing so, I release all such persons from any liability regarding the provision or use of such information.

In consideration of my employment, I accept the responsibility to become familiar with all of Magnum Systems' personnel policies, as they may be changed from time to time. I understand and agree that, if employed, the terms, conditions, and duration of my employment, unless otherwise provided by law, will be determined by Magnum Systems and may be modified from time to time at the discretion of Magnum Systems. It is agreed that my employment can be terminated at any time and for any reason, at the option of either Magnum Systems or myself. I understand that no one other than the president of Magnum Systems has the authority to enter into any agreement contrary to the foregoing.

I further certify that I am legally eligible to work in the United States for Magnum Systems and understand that, if employed, I will be asked to provide documentation to comply with the Immigration Reform and Control Act of 1986.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_