



Highly-Engineered Machining.

APPLICATION FOR AT~WILL EMPLOYMENT

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known. You may have additional rights under federal law.

Position Applied For: _____ Date of Application: _____

Date you can start: _____ Please note that this application will only remain active for six (6) months, after which the applicant would need to re-apply.

Name: _____ SSN: _____
Last First MI

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Telephone #: (_____) _____ Email Address: _____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ Yes _____ No
If so, when? _____

Salary Desired \$ _____ /hr. Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Have you ever applied with our company before? _____ Where? _____

Under what name? _____ When? _____

Have you ever worked for KSP before? _____ When? _____

If yes, reason for leaving? _____

EDUCATION:

	Name and Address of School	# of Yrs. Attended	Did You Graduate?	Subject / Major
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Date Entered _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States? _____

Have you ever been convicted of a crime except a minor traffic violation or are you presently charged with a felony? *(Note that being convicted of a crime does not exclude you from consideration) _____

If so, please state citation, date and place where offense occurred. _____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications which you feel will be helpful to us in considering your application.

REFERENCES: 3 Individuals not related to you, whom you have known for at least 1 year.

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Is an existing Kalkaska Screw Products Employee referring you for this position? ____Yes ____No

If yes, please list current employee's name: _____

CURRENT AND FORMER EMPLOYERS: (Most recent one first)

DATE MONTH/YEAR	NAME, ADDRESS AND TELEPHONE NUMBER OF EMPLOYER	SALARY: STARTING/ ENDING	LAST POSITION HELD / RESPONSIBILITIES	REASON FOR LEAVING
From:				
To:				
From:				
To:				
From:				
To:				

MAY WE CONTACT THE EMPLOYERS LISTED? _____ Yes _____ No

IF NOT, WHICH ONE(S)? _____

* * * * *

Please read the following statement carefully before signing to indicate your understanding.

I certify that the facts contained in this application are true and complete to the best of my knowledge and that I understand that, if employed, falsified statements on this application may result in termination.

I understand and agree that, if hired, my employment is at-will and for no definite period and may be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment - related purpose. I release the listed references and all employers, except those specifically exempted, * to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to you.

I agree that I will not commence any actions or lawsuit relating to my employment with KSP, or the termination of my employment, more than 6 months after the event giving rise to the action lawsuit. I understand that any relevant statute of limitations shorter than 6 months will continue to apply; however, I agree to waive to the fullest extent permitted any relevant statute of limitations longer than 6 months. I understand this means that even if the law would give me the right to wait longer than 6 months to make a claim, I am freely and knowingly waiving that right and, and that any claims brought within 6 months after the event giving rise to the claim (or any shorter statute of limitations) will be barred. I waive any right to a jury trial if I ever file a lawsuit regarding my employment with KSP. I understand that this means that even if the law would give me the right to have a jury decide my claims, I am freely and knowingly waiving that right and agree to have my claims heard and decided by a judge instead.

Date

Signature

*Employers specifically exempted: _____

For Employer Use Only

Interviewed By: _____ Date: _____ Hired: _____ Yes _____ No

Starting Date: _____ Position: _____ Wage: _____

#8583217

NAME _____ DATE: _____

MATH SKILLS TEST

PROBLEM



1. Please mark the above tape measure appropriately:
 - a. $7\frac{7}{16}$
 - b. $3\frac{1}{2}$
 - c. $\frac{7}{8}$
2. Harold's fork truck is rated for 4,000 pounds. He has to move and stack 10 skids (pallets) of paper, each weighing 1,500 pounds. What is the maximum number of skids he can lift at one time? How many trips will he have to make?
Maximum skids: _____ Number of trips: _____
3. What is the decimal equivalent for $\frac{3}{4}$? Answer: _____
4. What is the fraction equivalent for 8.625? Answer: _____
5. Add these fractions: $6\frac{3}{8} + 7\frac{9}{16} =$ Answer: _____
6. What is 10% of 175? Answer: _____
7. You are told to pack 108 batteries in boxes. Each box holds 24 batteries. If you packed full boxes only, how many batteries will be left over? Answer: _____
8. Add these numbers: $4.9 + 9.7 + 5.62 + 7.25 =$ Answer: _____
9. What is the square root of 64? Answer: _____
10. How many times will 15 go into 150? Answer: _____