

# Morton Manufacturing

201 E Ave K-15 Lancaster, CA 93535

## Employment Application

Morton Manufacturing is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, color, national origin, religion, age, sex, physical or mental disability, marital status, veteran status, or any other reason protected under applicable federal, state or local law. Morton Manufacturing is an At-Will employer meaning that either the Company or an employee may terminate the employment relationship at any time and for any reason, with or without advance notice.

### PERSONAL INFORMATION

Today's Date:

How did you hear of Morton Manufacturing?

Last Name:		First Name:		MI:	Home phone:		Cell phone:	
Street Address:				City:		ZIP:	E-mail Address:	
Are you lawfully authorized to work in the United States? <input type="checkbox"/> YES <input type="checkbox"/> NO				How did you hear of Morton Manufacturing?				
List Languages Spoken and Proficiency? _____ <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert _____ <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate <input type="checkbox"/> Expert				For what position(s) are you applying? Shift: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Any				
Check highest education completed: <input type="checkbox"/> 9 <sup>th</sup> <input type="checkbox"/> 12 <sup>th</sup> <input type="checkbox"/> AA <input type="checkbox"/> BA/BS				List other education, training, and certifications:				
Do you have any scheduling restrictions? <input type="checkbox"/> YES <input type="checkbox"/> NO (Example: Evenings, weekends, holiday ) If yes, list restrictions:								
Can you perform the Essential Job Functions listed in Applicant Information with or without reasonable accommodations? <input type="checkbox"/> YES <input type="checkbox"/> NO				Do you require reasonable accommodation(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO				

### EMPLOYMENT HISTORY:(List most recent job first)

Company:		City:		Supervisor name and contact phone number:	
Date Started:	Date Left:	Reason for leaving:		Job Title/Duties:	
Company:		City:		Supervisor name and contact phone number:	
Date Started:	Date Left:	Reason for leaving:		Job Title/Duties:	
Company:		City:		Supervisor name and contact phone number:	
Date Started:	Date Left:	Reason for leaving:		Job Title/Duties:	

I certify that the information provided in this Employment Application, and any other document provided in an effort to gain employment is true, correct, and complete. I also authorize investigation of all statements contained in these documents for employment, as it may be necessary, in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: \_\_\_\_\_