



Application for Employment

This application must be completed

American Panel is an equal opportunity employer and considers all candidates for employment regardless of race, color, religion, sex, national origin, age, disability, marital status, veteran's status, pregnancy, genetic information or any other status protected by federal or state law.

Date: _____ Position: _____ Shift: First Second
Date available to begin: _____
How did you hear about the position? _____

Personal

Name: (Last) _____ (First) _____ (Middle) _____ Last 4 SS# _____
Email: _____ Primary Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____

Are you 18 years of age or older? Yes No

Are you a US citizen? Yes No If not, do you have a visa or right to work in the US? Yes No

Please give type of Employment Authorization and number: _____

Do you have the ability to perform the job for which you are applying with or without accommodation? Yes No

If no, please give details: _____

If necessary, can you work overtime? _____

On weekends (Saturday only) _____

Have you previously applied for work with American Panel? _____ When: _____

Have you previously worked for American Panel? _____ If yes, when: _____ Reason for leaving: _____

Have you ever been convicted of a crime, either a felony or misdemeanor: Yes No

If yes, please give date and details: _____

Education

| | Name & Location | # of years completed | Dates (From-to) | Diploma or degree | Course or emphasis |
|--------------|-----------------|----------------------|-----------------|-------------------|--------------------|
| Grade School | | | | | |
| High School | | | | | |
| College | | | | | |
| Vocational | | | | | |
| Other | | | | | |

Military Service

Branch: _____ Dates From: _____ To: _____ Discharge Rank _____

Specialized training or experience: _____



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Work History - (Include Military Service) account for all time. Start with last job held or present employer.

| | | | |
|------------------------------|----------------|---------------------------------------|---------------------------|
| Company | Address | Supervisor | Reason for leaving |
| Phone # | | | |
| Describe Duties | | | |
| Dates (From-to) | | Salary (Starting & Ending) | |
| Company & Phone # | Address | Supervisor | Reason for leaving |
| Phone # | | | |
| Describe Duties | | | |
| Dates (From-to) | | Salary (Starting & Ending) | |
| Company & Phone # | Address | Supervisor | Reason for leaving |
| Phone # | | | |
| Describe Duties | | | |
| Dates (From-to) | | Salary (Starting & Ending) | |
| Company & Phone # | Address | Supervisor | Reason for leaving |
| Phone # | | | |
| Describe Duties | | | |
| Dates (From-to) | | Salary (Starting & Ending) | |
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Work Experience - Please check all jobs and equipment with which you have actual experience

Professional/Admin

- Administrative Assistant
- Accounting
- Computer Programming
- Computer Skills
- Credit management
- Customer Service
- Drafting
 - MS Office Excel
 - CAD/CAM
- Electrical engineering
- Facilities Management
- Human Resources
- Industrial Engineering
- IS Management
- Inventory Control
- Information Systems
- Management
- Manufacturing Engineering
- Marketing
- Order Processing
- Plant Management
- Product Scheduling
- Purchasing
- Refrigeration Engineering
- Research & Development
- Safety Management
- Sales
- Sales Management
- Shipping/Receiving
- Software Engineer
- Traffic Management

Production

- Blue Print Reading
- Carpentry
- CNC Programming
- Computer Experience
- Electrical
- Custodial Maintenance
- Forklift Operator
- Hydraulic Shear
- Installations
- Ironworker
- Packing
- Refrigeration
 - License Type _____
- Safety Committee
- Sheet Metal
- Shipping/Receiving
- Truck Driver
 - CDL
 - License Class _____
- Table Saw
- Welding
 - Heli-Arc
 - MIG/TIG
 - Spot Welder

Additional Experience information:

Please list any additional information or qualifications you have which will aid you in this position.

Are you willing to travel if required for work?

Yes No

Are you willing to relocate to this area if required for this position?

Yes No

Do you possess a valid driver's license?

Yes No

Drivers License: State _____

Salary requirements: _____

Names of relatives or family members working for American Panel, if any. Please provide name and relationship:



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References: Please list at least 2 non-relative references who are familiar with your work experience and whom we may contact

| Name | Position | Company | Phone |
|---------------------|----------|---------|-------|
| | | | |
| Relationship to you | | | |
| Name | Position | Company | Phone |
| | | | |
| Relationship to you | | | |
| Name | Position | Company | Phone |
| | | | |
| Relationship to you | | | |
| Name | Position | Company | Phone |
| | | | |
| Relationship to you | | | |
| Name | Position | Company | Phone |
| | | | |
| Relationship to you | | | |
| Name | Position | Company | Phone |
| | | | |
| Relationship to you | | | |

Please complete and email form to hr@americanpanel.com



By initialing each box, you confirm that you understand and agree to all the information presented to you.

| I understand that: | |
|---|--|
| <p>___ In making this application for employment, investigating consumer report may be made whereby information is obtained through personal interviews with whom I am acquainted. This investigation includes information as to my character and general reputation.</p> | <p>___ American Panel reserves the right to require a polygraph examination (Lie Detector Test) as permitted by law, any medical examination and/or a urine or blood test, of an applicant or employee at any time, and I give my consent to such examinations and tests.</p> |
| <p>___ I hereby authorize and request all educational institutions, employers, references and branches of the Armed Services with which I have been associated, upon request, to furnish American Panel a complete history of my record as compiled or know by them, including but not limited to, my character, habits, ability and cause of separation and release each of them and American Panel from liability of any nature to me by reason of any compliance with my request whether such be due to negligence, error, or any other cause.</p> | <p>___ My employment with American Panel will not be for any definite period and that my employment can be terminated by me or American Panel without cause, at any time and at the will of either party. I further understand that no supervisor or manager of American Panel has any authority to enter into any agreement for any specified period to make any agreement contrary to the foregoing.</p> |
| <p>___ If employed, I hereby agree to submit to inspections of lockers, desks, cabinets, files, vehicles, personal items, or any other packages or containers under my control while on American Panel Premises.</p> | <p>___ I have the right to request within a reasonable period to receive additional detailed information about the nature and scope of this investigative consumer report.</p> |

| Applicant Statement: | |
|--|----------------------------------|
| <p>By signing this form, I hereby certify that: I have read and understand to the best of my knowledge and belief all statements on this application are true. I understand that any misrepresentation, omission, or false statement is cause for dismissal. I further understand that any offer of employment is made contingent upon a post negative drug screening. If employed I will be on a probationary period basis for a period of ninety (90) days from my first day of employment.</p> | |
| Applicant Name: (Print) | Interviewer Name: (Print) |
| Signature: | Signature: |
| Date: | Date: |

This application is currently held for two (2) months. If you have not heard from us by then and still wish to be considered for employment, you must complete a new application form.