



APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE)
(TAYLOR CABLE IS AN EQUAL OPPORTUNITY EMPLOYER)

PLEASE PRINT OR TYPE. If you need additional space, please attach a second sheet

→ DATE _____

NOTE: Taylor Cable does verify Social Security Numbers with the Social Security Administration

PERSONAL INFORMATION

FULL NAME	SOCIAL SECURITY NUMBER	
PRESENT ADDRESS	CITY, ZIP	
PERMANENT ADDRESS	CITY, ZIP	
PHONE NUMBER ()	ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
CAN YOU READ AND WRITE ENGLISH FLUENTLY? <input type="checkbox"/> YES <input type="checkbox"/> NO		
POSITION YOU ARE APPLYING FOR	DATE YOU CAN START	SALARY DESIRED
REFERRED BY	RELATIONSHIP	

EDUCATION

	NAME OF SCHOOL	NO OF YEARS ATTENDED*	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
TRADE SCHOOL(S)				
COLLEGE				

* The Age Discrimination in Employment Act of 1987 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age

GENERAL

Have you ever been asked to resign or been fired for cause? YES NO

Have you ever worked for Taylor Cable before? YES NO If yes, when? _____

May we contact your previous employers? YES NO

Please list any previous employers you wish us not to contact _____

Please list outside activities or hobbies _____

Do you have reliable means to get to and from work? YES NO

Is there any reason why you cannot be at work on time, everyday? YES NO

Have you ever been convicted of a felony or misdemeanor other than a traffic violation? YES NO

DO NOT WRITE BELOW THIS LINE

DATE INTERVIEWED _____ INTERVIEWED BY _____

DATE HIRED _____ PAY RATE _____ DEPARTMENT _____

Do you have any physical limitations that would prevent you from doing repetitive work? YES NO

Do you have any physical limitations that would prevent you from lifting 25 lbs? YES NO

I can work under the following physical conditions: (Please circle correct hours):

I can work standing per day- 2 4 6 8 hours
I can work sitting per day- 2 4 6 8 hours
I can work walking per day- 2 4 6 8 hours

Do you need any accommodations to accomplish any of the above? YES NO

If yes, what accommodations could the company provide to help you? _____

EMPLOYMENT RECORD

List the **LAST** position first. Failure to accurately account for all periods may lead to your application not being considered.

DATE MONTH AND YEAR	NAME, ADDRESS, PHONE # OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

Which of these jobs did you like best? _____

What did you like most about this job? _____

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year

NAME	ADDRESS	PHONE	YEARS ACQUAINTED

IMPORTANT- PLEASE READ CAREFULLY

I hereby authorize investigation of all statements contained in this application including inquiry of any and all of my former employers or references as indicated in the application and hold said former employers and/or references harmless from liability arising therefrom. I affirm that all the information contained in this application is true and correct and that any misrepresentation, falsification or omission herein shall be sufficient reason for dismissal from or refusal for employment. If employed, I understand that the company reserves the right to modify or terminate my employment at any time with or without cause and without prior notice. I further understand that the duration, hours, nature, compensation and benefits of my employment may be changed or modified from time to time without limitation or condition. I understand that no representative of the company has any authority to make any assertions to the contrary.

Taylor Cable Products requires that all plant employees wear safety glasses while in the plant facility. Safety glasses will be provided by the company.

It is a requirement for employment with Taylor Cable Products that all employees take a post-offer drug-screening test. Any employee refusing to take the test or any employee failing to pass the test will be subject to immediate termination.

DATE _____ SIGNATURE _____