EMPLOYMENT APPLICATION



Kryton Engineered Metals 7314 Chancellor Dr. Cedar Falls, IA 50613

Please answer all the questions completely. Please print all answers. If a question does not apply, print or check N/A.

Name: Last First Middle						
Address: Home Phone:(
Street City State Zip Code						
If hired, can you furnish proof that you are over the age of 18? () Yes () No Email:						
Do you have the right to work in the U.S.? () Yes () No						
(Employment is subject to verification of legal and U.S. permit requirements.)						
POSITION DESIRED:						
Position or type of job desired: Where did you hear about us?						
Are you currently employed? () Yes () No						
If yes, may we contact your current employer? () Yes () No						
Have you applied for a job at Kryton Engineered Metals previously? () Yes () No If yes, when						
Have you ever worked for Kryton Engineered Metals previously? () Yes () No If yes, when						
What position?						
Wages/Salary desired \$ per hour/year. Date available to begin employment:						
WORK SCHEDULE INFORMATION:						
Status Shift Preference Days available Availability for Overtime? () Yes () No)					
Part-time: 1st: Wknd: Mon Wed Fri Sun						
Full-Time: 2nd:Any: Tues Thurs Sat Any						
EDUCATIONAL TRAINING:						
No. of Years						
	egree/Diploma					
High School						
lle setiene l/						
Vocational/ Technical School						
College/ University						
MILITARY SERVICE:						
Branch of Service: Dates: to Rank at Discharge: What types of training, education, and work experience did you receive while you were in the military?						
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EMPLOYMENT DATA (Begin with most recent employer)						
Employer:	Employed from:	Employed to:	Starting Wage:	Final Wage:		
Address:	1 1	1 1	\$ per	\$ per		
	Job Title:		Hrs. worked per week:			
City/St.	Job Duties:		Reason for leaving: ()	Reason for leaving: () Voluntary () Involuntary		
Phone:						
Supervisor:						
Employer:	Employed from:	Employed to:	Starting Wage:	Final Wage:		
Address:						
Address:	/ /	1 1	÷ • •	\$ per		
	Job Title:			Hrs. worked per week: Reason for leaving: () Voluntary () Involuntary		
City/St. Phone:	Job Duties:		Reason for leaving: ()	Reason for leaving: () voluntary () involuntary		
	-					
Supervisor:						
Employer:	Employed from:	Employed to:	Starting Wage:	Final Wage:		
Address:		/ /	\$ per	\$ per		
	Job Title:		Hrs. worked per week:			
City/St.	Job Duties:			Reason for leaving: () Voluntary () Involuntary		
Phone:						
Supervisor:						
If additional space is required to list all prev	vious employment, p	lease attach a sheet	of paper.			
REFERENCES:						
Name:	Name:		Name:			
Title/Position:	Title/Position:		Title/Position			
Organization:	Organization:		Organization:			
Address:	Address:		Address:			
Phone:	Phone:		Phone:			
Relationship:	Relationship:		Relationship:			
ADDITONAL QUESTIONS:						
Have you been ever been convicted of a crime? () Yes () No If yes, explain:						
Is there anything that would prevent you f	Is there anything that would prevent you from performing the essential functions of the job? () Y () N					
*Note: you will not be denied employment based sole						