



Application for Employment/ Date _____

It is important that you answer all questions on this application fully and accurately. If an item does not apply to you, please write N.A. - not applicable. Resumes are not accepted in lieu of completion of this application. NOTE: Falsification of any information may result in rejection of your application.

Personal Information

Last name:	First name:	Middle name:	Email Address:
Street/PO:	City:	State:	Zip:
Home number:	Cell number:	Work number:	

Employment Eligibility

Are you over 18 years of age?	Yes or No
If you are under 18 years of age, do you have a Work Permit?	Yes or No
Are you a U.S Citizen or an Alien who has the legal right to work in the job for which you are applying?	Yes or No

Employment Interest

Position for which you are applying:	Other position(s) for which you wish to be considered:	
Are you available to work nights?	Yes or No	
Are you able to work overtime?	Yes or No	
Specify the date you are available to start work:	Please circle the days you <u>cannot</u> work: Mon Tue Wed Thu Fri Sat Sun	
Are you willing to relocate (job specific)?	Yes or No	
Have you ever applied for employment at Hogan Mfg., Inc. before?	Yes or No	If yes, when?
Have you ever been employed by Hogan Mfg., Inc. before?	Yes or No	If yes, what position?
Are you related to anyone who works for Hogan Mfg., Inc.?	Yes or No	If yes, list employee name(s) and relationship:

Education

	Print name, and complete address of school	No. of yrs completed?	Did you graduate?	Major course of study?	Degree Type
High School			Yes or No		
College			Yes or No		
Techn. School			Yes or No		
Grad. School			Yes or No		
Other			Yes or No		

Job-related Training

Please list any other job-related education or training that you have received.	
Please list any Licenses you have received.	Please specify the License registration number, state, and expiration date.
Please list any Certifications you have received.	Please specify the Certificate number, state, and expiration date.
Has your License(s) or Certification(s) been suspended or revoked?	If yes, please explain.

Employment History

Begin with your present or most recent job and list all positions held during the last 10 years. Please include self employment, temporary employment, and volunteer work. Attach additional sheets if necessary.

Employer name:	Employer address:	Employer phone number:
Supervisor:	Your title:	Starting and ending pay:
Job duties:		



Employment start and end dates:	Reason for leaving:
May we contact while your application is pending?	Yes or No

Employer name:	Employer address:	Employer phone number:
Supervisor:	Your title:	Starting and ending pay:
Job duties:		
Employment start and end dates:	Reason for leaving:	
May we contact?	Yes or No	

Employer name:	Employer address:	Employer phone number:
Supervisor:	Your title:	Starting and ending pay:
Job duties:		
Employment start and end dates:	Reason for leaving:	
May we contact?	Yes or No	

Employer name:	Employer address:	Employer phone number:
Supervisor:	Your title:	Starting and ending pay:
Job duties:		
Employment start and end dates:	Reason for leaving:	

May we contact?	Yes or No
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Employer name:	Employer address:	Employer phone number:
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Supervisor:	Your title:	Starting and ending pay:
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Job duties:

Employment start and end dates:	Reason for leaving:
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May we contact?	Yes or No
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Skills Identification:

Can you (check all that apply)?

- Read a tape measure
- Read a micrometer
- Read blueprints or schematics
- Run a computer
- Read / write English

Do you understand?

- Fractions
- Tolerance
- Geometric dimensioning
- Welding symbols

Check all that apply below which you have at least six (6) months experience with:

- Tig
- Forklifts
- Hydraulics
- Mechanical assembly
- Mig
- Robots
- Metrics
- Hand gas cutting
- SPC
- Purchasing
- Expediting
- Inventory Control
- Estimating
- Lasers
- Shop control
- Industrial painting
- Punching
- Packaging
- Supervision
- Material handling
- Sawing
- Grinding
- Sandblasting
- Shipping / receiving
- Forming
- Tooling
- Heat treating
- CNC equipment
- Shearing
- Quoting
- Driving (CDL)
- CNC programing
- Milling
- Warehousing
- Plasma cutting
- Drilling / tapping



- Inspection
 Geometry
 CADKey
 Personal computers
 Turing
 OSHA
 Flamecutting
 Hazardous Waste

Explain any gaps in your employment history.		
Have you ever been terminated, asked to resign, or left a job you were about to be terminated from?	Yes or No	If yes, please explain.
Are you prohibited from or limited in your performance of any job duties for our company by a contract of any kind that you signed?	Yes or No	If yes, please provide a copy of the agreement to us to evaluate.
In order to permit a check of your work and educational records, have you ever used another name?	Yes or No	If yes, list name(s) and relevant date(s).
Have you ever been convicted for anything other than a minor traffic violation?	Before answering, please read the following: (i) you should ignore and exclude convictions that have been sealed, expunged, or statutorily eradicated and (ii) residents of CA should ignore and exclude (a) any misdemeanor conviction for the possession of marijuana or drug paraphernalia that occurred more than two years ago and (b) any offense for which you were referred or participated in any pretrial or post-trial diversion program.	
If you answered "yes" about a prior conviction, please give all the facts, dates, locations, and dispositions. Please note that a conviction does not necessarily disqualify you from employment. Rather, such factors as date of conviction, seriousness, nature of crime, length of time elapsed since completion of sentence, and rehabilitation will be considered. Attach additional sheets if necessary.		
List any other information or remarks that you wish to have considered as part of your application for employment.		

Personal References

First name	Last name	Contact number
First name	Last name	Contact number



First name	Last name	Contact number
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APPLICANT'S CERTIFICATION AND AGREEMENT

Verification of Information

By signing this Application, I certify that the information provided by me is true, correct, and complete to the best of my knowledge. I authorize Hogan Mfg., Inc. to verify its accuracy and to obtain reference information on my work performance, including, but not limited to, verifying employment information from my current and/or prior employer(s) if I am offered and if I accept employment with Hogan Mfg., Inc.. I hereby release Hogan Mfg., Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information or other background checks. I understand that any misrepresentation or omission on this Application may bar me from employment, may result in a withdrawal of an employment offer, or may result in my termination from employment if I am already employed at the time the misrepresentation or omission is discovered.

Work Eligibility

I understand that all new employees must comply with the employment verification requirements of the Immigration Reform and Control Act. I understand that if I am hired, I will be required, within three days of starting work, to provide documents proving my identity and authorization to work in the United States. I further understand that I will be required to sign form I-9 (issued by the Federal Government) verifying, under oath, my employment authorization.

At-Will Employment

I understand and acknowledge that, unless otherwise defined by applicable law or collective bargaining agreement, if I am employed by Hogan Mfg., Inc. I will be an employee "at-will" and, as such, I will have the right to terminate my employment at any time, with or without cause, and that Hogan Mfg., Inc. likewise may terminate my employment at any time, with or without cause. I understand that no representative of Hogan Mfg., Inc. management, other than an authorized officer or his or her designee, has any authority to enter into any agreement of employment for any specific period of time or to make any agreement contrary to the foregoing. I further understand that such an agreement must be in writing and signed by the authorized officer to be binding.

Compliance with Policies

I understand that if employed I will abide by Hogan Mfg., Inc.'s policies, rules, procedures and regulations as they now exist and may be modified from time to time in the sole discretion of Hogan Mfg., Inc..

Illegal Drug Testing

I hereby consent as a condition of employment to have Hogan Mfg., Inc., or its authorized testing agent, perform a drug test for the purpose of determining the presence of illegal drugs. In agreeing to this, I understand that if I fail the post job offer drug test Hogan Mfg., Inc. may withdraw my employment offer.

Physical Exams for Certain Positions

I understand and agree that certain positions require physical exams and that, if I were to receive an offer of employment, as a condition of employment, I may be asked to submit, at no personal expense, to a physical examination by a physician selected by Hogan Mfg., Inc., prior to being



employed and at any time designated by Hogan Mfg., Inc.. I agree that the examining physician may disclose the findings of any physical to Hogan Mfg., Inc. or its authorized agent.

Arbitration of Disputes

As a condition of my employment with Hogan Mfg., Inc., and except as otherwise provided in an individual contract of employment with Hogan Mfg., Inc. or a collective bargaining agreement, I agree to arbitrate any and all disputes relating in any way to, or arising out of, my employment with Hogan Mfg., Inc., or termination of employment therefrom, including, but not limited to, any and all common law causes of action, and any and all federal, state or local statutory claims, including, but not limited to, any claims of discrimination or retaliation under Title VII of the Civil Rights Act of 1964 and 1991, the Age Discrimination in Employment Act, the Americans with Disabilities Act, the Family and Medical Leave Act, the Employees Retirement Income Security Act, as well as, any related state and or local act, statute or regulation. Any disputes relating to my employment as set forth above shall be decided by an arbitrator or panel of arbitrators selected through the American Arbitration Association. **I understand that I am waiving my right to a jury trial in any action or proceeding relating to, or arising out of, my employment with Hogan Mfg., Inc..** I understand that I have the right to consult with a person of my choosing, including an attorney, before I sign this document.

Equal Employment Opportunity

Hogan Mfg., Inc. provides equal opportunity to all employees and applicants for employment without regard to race, color, religion, age, gender, national origin, physical or mental disability, veteran status or any other characteristic protected by law. Any applicant who, because of disability, needs accommodation or assistance in completing this application or at any time during the application process should contact the Human Resources Department. Hogan Mfg., Inc. also provides reasonable accommodation to employees with disabilities consistent with its obligations under the law.

I certify that I have read the foregoing statements, and that I understand and agree to adhere to them.

Print name: _____

Sign name: _____ Date: _____

This Organization Participates in E-Verify



This SWA will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each applicant's Form I-9 to confirm work authorization.

SWA and employers may not use E-Verify to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this SWA is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

NOTICE:
 Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If you believe that your SWA has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel for Immigration Related Unfair Employment Practices at

1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification.  **Done.**

For more information on E-Verify, please contact DHS at:
1-888-464-4218



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Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

IMPORTANTE: Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando www.justice.gov/crt/osc.

E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

888-897-7781

www.dhs.gov/E-Verify

AVISO:
La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.



E-VERIFY IS A SERVICE OF DHS AND SSA.

El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.

EEO Applicant Flow Data Form

Application Date: _____

To be completed by applicant:

Completion of this form is entirely voluntary, and all information will remain confidential and will not affect your application for employment. We are required by law to collect this information for equal opportunity employment purposes, and it will not become part of your personnel record if you are hired by this company.

Name: _____

Gender: Female Male

- Race/Ethnicity:
- White (Not of Hispanic origin)** – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
 - Black (Not of Hispanic origin)** – All persons having origins in any of the Black racial groups of Africa.
 - Hispanic** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
 - Native Hawaiian or other Pacific Islander** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 - Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, including, e.g. Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.
 - American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
 - Two or More Races** – All persons who identify with more than one of the above six races.

To be completed by employer:

- EEO-1 Category:
- 1a. Executive/Senior Level Officials and Managers
 - 1b. First/Mid Senior Level Officials and Managers
 - 2. Professionals
 - 3. Technicians
 - 4. Sales
 - 5. Administrative Support Workers
 - 6. Craft Workers
 - 7. Operatives - semi-skilled
 - 8. Laborers and Helpers
 - 9. Service Workers

Employer information completed by:

Name

Date



Employee Affirmative Action Information Form

To the extent we are subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974 or section 503 of the Rehabilitation Act of 1973, or the Jobs for Veterans Act of 2002, as amended, we comply with requirements to take affirmative action regarding qualified individuals with a disability, disabled veterans, other protected veterans, Armed Forces service medal veterans, and recently separated veterans. If you come within any of those categories, and would like to be included in our affirmative action program, you may tell us now or at any time in the future. We also invite you to tell us now, or at any time in the future, about reasonable accommodations that you believe we could make which would better enable you to perform the essential functions of the job properly and safely.

Submitting this information is voluntary. Providing it or declining to provide it will not affect your employment in any way. The information will be used only in ways consistent with the law. It will be kept confidential, except that it may be used to determine necessary accommodations and to inform first aid / safety personnel or government officials enforcing applicable laws.

1. Name: _____

2. You may check any item applicable to you:

Disabled Anyone having any physical or mental impairment, which substantially limit one or more life activities.

Disabled veteran Veteran entitled to VA-administered disability compensation for, or discharged from active duty because of a service-connected disability, or who would be so entitled but for receipt of military retired pay.

Other protected veteran Veteran who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized. List of eligible campaigns can be found at www.opm.gov/veterans/html/vgmedal2.htm.

Armed Forces Service Medal veteran Veteran who while on active duty, participated in military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order No. 12985.

Recently separated veteran Veteran who served on active duty and was discharged or released from active duty within the last three (3) years.

3. If you checked Disabled or Disabled Veteran, you may identify any reasonable accommodations we could make that would better enable you to perform the essential functions of the job properly and safely.



Signature: _____

Date: _____