

**MORAN IRON WORKS, INC.**  
**EMPLOYMENT APPLICATION**

The Company is an equal opportunity employer and does not discriminate against otherwise qualified individuals on the basis of race, color, religion, national origin, sex, age, disability, marital status, height, weight, veteran status, genetic information or any other legally protected status. The Company will make reasonable accommodations for disability upon request.

Please complete the entire application and sign the Authorization and Understanding at the end of the application. This application will not be considered otherwise. If there is not enough space on this form to answer a question fully, please attach additional pages.

(PLEASE PRINT)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Present Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Are you legally authorized to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Email: \_\_\_\_\_

Position applied for: \_\_\_\_\_ Starting Salary Expected: \_\_\_\_\_

Have you ever applied here before or been employed here before?      Yes  \_\_\_\_\_      No

Are any of your friends or relatives employed at the Company?      Yes  \_\_\_\_\_      No

Are you 18 years old or older?    Yes     No     if no, do you have proof of eligibility to work      Yes     No

Have you ever been bonded?      Yes  \_\_\_\_\_      No

Have you ever been convicted of a crime, excluding routine traffic offenses?      Yes  \_\_\_\_\_      No

Are there any felony charges pending against you currently?      Yes  \_\_\_\_\_      No

**EDUCATION**

Name and Address	Did you Graduate?	Course of Study or Degree Conferred
High School:		
College:		
Other:		

Are you attending school now or do you plan on furthering your education?      Yes  \_\_\_\_\_      No

Do you hold any professional licenses or certifications:      Yes  \_\_\_\_\_      No

Have you ever had a professional license/certification revoked or suspended?      Yes  \_\_\_\_\_      No

Are you currently under investigation by any agency or department?      Yes  \_\_\_\_\_      No

Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	May we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
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**Employment History**

Start with the most recent, include your entire employment history and military service, and attach additional pages, if necessary.

Company _____ From _____ to _____ Job Title _____ Reason for Leaving _____ Immediate Supervisor _____	Address _____ Starting Salary _____ Last Salary _____ Duties _____ _____ Title _____ Phone _____
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Are you able to perform, with or without accommodation, the functions of the job for which you have applied? Yes \_\_\_\_\_ No \_\_\_\_\_

What experiences, skills, or qualifications do you feel especially would qualify you for work with our organization?

\_\_\_\_\_

\_\_\_\_\_

**Authorization and Understanding**

I represent that the answers and information given by me in this application are true and complete. I authorize the Company to verify the information I have provided and to make any investigation of my background deemed necessary. I also authorize third parties (such as former employers, law enforcement organizations, financial institutions, educational institutions, etc.) contacted by the Company to furnish any information relevant to my application for employment, excluding health and medical history or other information prohibited by law, and further release all persons and organizations from any and all liability for any and all damages whatsoever for releasing such information. I acknowledge that any false, inaccurate or misleading information may result in refusal to hire or dismissal once the facts become known.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I have no objection to signing an employee agreement on confidential information. I consent to all legally permissible medical examinations and drug and alcohol testing required by the Company.

I understand and agree that employment with the Company is at will and that either I or the Company can terminate my employment and compensation, with or without cause, and with or without notice, at any time. I acknowledge that no representations, either oral or written, have been made to me to the contrary and that any pre-existing understandings which contradict an at will status of employment are cancelled. Further, I understand that only the President of the Company has any authority to enter into any agreement for employment for any fixed period of time, or to make any agreement contrary to the foregoing, and that any such agreement must expressly state such purpose and must be in writing and signed by the President of the Company.

In consideration of my employment, I agree to conform to the rules and policies of the Company. Also, I agree not to begin any action or suit relating directly or indirectly to employment with the Company or the termination of such employment more than one (1) year after the date of termination of such employment and I waive any statute of limitations to the contrary. If this provision is held invalid or unenforceable, I agree that such time period will be deemed increased to the minimum extent necessary to make such provision valid and enforceable.

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Signature

Date