



**Hamill  
Manufacturing  
Company**

500 Pleasant Valley Road  
Trafford, PA 15085-2700  
Phone: (724) 744-2131  
Fax: (724) 744-3121

**Application for Employment**

Code	E	S	T	I
Initials			Disposition	

**An Equal Opportunity Employer**

**Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department. Hamill Manufacturing Company is a veteran owned business.**

Position(s) applied for \_\_\_\_\_ Application Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last), (First), (MI)

Address \_\_\_\_\_  
(Street), (City), (State) (Zip Code)

Telephone # \_\_\_\_\_ Cellular/Other # \_\_\_\_\_ E-mail \_\_\_\_\_

**Referral Source** (Please check the appropriate category and name the source)

- |   |  |
|---|--|
| <input type="checkbox"/> Walk-in _____                  | <input type="checkbox"/> School _____          |
| <input type="checkbox"/> Employee _____                 | <input type="checkbox"/> Job Fair _____        |
| <input type="checkbox"/> Advertisement _____            | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Hamill Website _____           | <input type="checkbox"/> Job Service _____     |
| <input type="checkbox"/> Gov't. Employment Agency _____ | <input type="checkbox"/> Other _____           |

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap*

**If you are under 18, and it is required, can you furnish a work permit?**  Yes  No

**Date available to work?** \_\_\_\_\_ **What is your desired starting salary?** \_\_\_\_\_

**Employment type desired**  Full-time  Part-time  Internship  Temporary  Seasonal

**Are you a United States citizen?**  Yes  No

**If required, will you work overtime?**  Yes  No

If no, please explain. \_\_\_\_\_

**May we contact you at work?**  Yes  No

If yes, list your work number and the best time to call. Phone # \_\_\_\_\_ Time \_\_\_\_\_

**Have you applied at Hamill Manufacturing in the past?**  Yes  No

If yes, list the date and the position applied for. Date \_\_\_\_\_ Position \_\_\_\_\_

**Have you been employed at Hamill Manufacturing in the past?**  Yes  No

If yes, provide dates of employment. From \_\_\_\_\_ To \_\_\_\_\_

**Can you, after employment, submit verification of identity and legal right to work in the United States?**  Yes  No

**Have you ever been bonded?**  Yes  No

**Have you ever been granted a Security Clearance?**  Yes  No

**Have you ever been denied a Security Clearance?**  Yes  No

**Were you ever in the U.S. Armed Forces?**  Yes  No If yes, which branch? \_\_\_\_\_

Answering "yes" to the following question does not constitute an automatic bar to employment. Factors such as the date of offense, the seriousness and nature of the violation, and rehabilitation, and position applied for will be taken into account.

**Have you ever pled "guilty" or "no contest to" or been convicted of a felony?**  Yes  No

If yes, provide dates and details \_\_\_\_\_

# Employment History

Starting with your most recent employer, please provide the following information.

Employer _____ Street Address _____ Job Title _____ Supervisor and Title _____ Reason for Leaving _____ Job Description _____	Telephone # _____ City, State _____  May we contact for reference" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Dates of Employment _____ From (Mth/Yr) to (Mth/Yr)	Per Hour _____ Per Hour _____ Beginning Wage \$ _____ Ending Wage \$ _____

Employer _____ Street Address _____ Job Title _____ Supervisor and Title _____ Reason for Leaving _____ Job Description _____	Telephone # _____ City, State _____  May we contact for reference" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Dates of Employment _____ From (Mth/Yr) to (Mth/Yr)	Per Hour _____ Per Hour _____ Beginning Wage \$ _____ Ending Wage \$ _____

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Dates of Employment _____ From (Mth/Yr) to (Mth/Yr)	Per Hour _____ Per Hour _____ Beginning Wage \$ _____ Ending Wage \$ _____

Employer _____ Street Address _____ Job Title _____ Supervisor and Title _____ Reason for Leaving _____ Job Description _____	Telephone # _____ City, State _____  May we contact for reference" <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later
Dates of Employment _____ From (Mth/Yr) to (Mth/Yr)	Per Hour _____ Per Hour _____ Beginning Wage \$ _____ Ending Wage \$ _____

# Education & Training

School (Include City & State)	Years Completed	Completed	Major/ Minor	GPA/ Rank
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other <input type="checkbox"/> Certification <input type="checkbox"/> Degree <input type="checkbox"/> GED		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other <input type="checkbox"/> Certification <input type="checkbox"/> Degree <input type="checkbox"/> GED		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other <input type="checkbox"/> Certification <input type="checkbox"/> Degree <input type="checkbox"/> GED		
		<input type="checkbox"/> Diploma <input type="checkbox"/> Other <input type="checkbox"/> Certification <input type="checkbox"/> Degree <input type="checkbox"/> GED		

Indicate any of the following skills.

**Computer Skills**

- Keyboarding WPM \_\_\_\_\_
- MAC
- PC
- AppleWorks

- Panorama
- Internet
- Microsoft Outlook
- Microsoft Excel

- MastserCAM
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

Describe specific computer skills. \_\_\_\_\_

**Manufacturing Experience**

- Turning
- Milling
- Tool & Cutter Grinding
- NDT
- Assembly

- CNC Horizontal Mill
- CNC Vertical Mill
- EDM
- Polishing
- Welding

- CNC Vertical Boring Mill
- CNC Lathe
- Inspection
- CNC Programming
- Other \_\_\_\_\_

Describe specific manufacturing skills. \_\_\_\_\_

**References**

Provide names & phone numbers of three persons not related to you, whom you have known for at least one year.

Name	Phone Number	Business/Relation	Years Known

**Remarks**

In exchange for the consideration of my job application, I agree that:

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Hamill Manufacturing is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written documentation or by conduct unless such charge is specifically acknowledged in writing by an authorized executive of this organization. If employed, I understand that Hamill may unilaterally change or revise its benefits, policies and procedures and such changes may include reductions in benefits.

I understand that as a condition of determining my qualifications for the position applied for, Hamill will request job performance information from listed previous employers from this application and/or enclosed resumes, contact schools and personal references provided, conduct background checks of my motor vehicle record if the position applied for requires driving duties, and take such steps as the company deems necessary to validate any other statement or assertion made on my application or enclosed resume.

In order to facilitate this end, I release from any legal liability these persons (both natural and legal) and employers who provide information relating to the duties and responsibility of my former positions, my job performance, the situation surrounding my leaving their employment, and any other relevant information and opinions that may be useful to Hamill in making a hiring decision.

I also understand that the Company has a drug and alcohol policy that provides for pre-employment testing and compliance with such policy is a condition of employment. I further understand that employment will be based on successfully passing a job-related physical examination and drug screening.

I further understand that the first 90 days of employment with Hamill shall be designated as a “new employee” period, and further that at any time during this period or thereafter, my employment relationship with Hamill is terminable “at will” for any reason by either party.

I do solemnly swear that this application contains no misrepresentations or falsifications, omissions, or concealment of material fact, and the information given by me is true and complete to the best of my knowledge and belief. I am aware that all the statements I made on this application are subject to later investigation. I am further aware that should any investigation at any time disclose any such misrepresentation, falsification, omission or concealment of material fact, my application may be rejected; if already appointed, I may be dismissed from my position, and I am subject to prosecution for perjury or other criminal violations as punishable by law. (When completing the Hamill Manufacturing Employment Application on-line, I confirm the authenticity of my responses by typing my name in the space below.)

Signature of Applicant: \_\_\_\_\_

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

# Voluntary Self-Identification of Disability

## Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.\* To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

# Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
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## Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

\* Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## HAMILL MAUFACTURING COMPANY EQUAL EMPLOYMENT OPPORTUNITY (EEO) VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, gender, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

Hamill Manufacturing Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites applicants to voluntarily self-identify their gender, race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**This detachable form will be kept in a confidential file separate from your application for employment.**

Name (Last, First, MI): \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date Applied: \_\_\_\_\_

**Gender Identification (check one)**

Female                       Male

**Race/Ethnic Identification (check one)**

**Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check “Hispanic or Latino” above, please select one of the following race/ethnic identifications.

**White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South American (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

**Decline self-identification**

(When completing the Hamill Manufacturing Employment Application on-line, I confirm the authenticity of my responses by typing my name in the space below.)

**Applicant's Signature:** \_\_\_\_\_

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

**HAMILL MANUFACTURING COMPANY EQUAL EMPLOYMENT OPPORTUNITY (EEO)  
VOLUNTARY SELF- IDENTIFICATION FROM - D/V**

**BEFORE DECIDING TO COMPLETE THIS FORM, PLEASE REVIEW THE INFORMATION BELOW.**

Any applicant may identify himself or herself as a person with a disability, a special disabled veteran, a veteran during the one-year period beginning on the date of discharge or release from active duty ("recently separated veteran"), a veteran of the Vietnam era, or a veteran who served on active duty during a war or in a campaign of expedition for which a campaign badge has been authorized ("other covered veteran") for purposes of the company's affirmative action plan.

Disclosure of your status as an individual with a disability, a special disabled veteran, a recently separated veteran, a veteran of the Vietnam era, or other covered veteran is voluntary. Choosing not to provide such information will not subject you to any adverse treatment. Information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of individuals with disabilities and special disabled veterans, and regarding necessary accommodation, (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if the condition might require emergency treatment, and (iii) Government officials engaged in enforcing the laws administered by OFCCP or the Americans with Disabilities Act, may be informed.

**This detachable form will be kept in a confidential file separate from your application**

The information provided will be used only in ways that are not inconsistent with Section 503 of the Rehabilitation Act of 1973, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, or the Americans with Disabilities Act.

Yes, I would like to be included in the Company's affirmative action program as a

- Qualified individual with a disability
- Special disabled veteran
- Recently separated veteran
- Veteran of the Vietnam era
- Other covered veteran

NOT APPLICABLE

(When completing the Hamill Manufacturing Employment Application on-line, I confirm the authenticity of my response by typing my name in the space below.)

**Applicant's Name:** \_\_\_\_\_

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

Position Applied For: \_\_\_\_\_

**For Employer Use Only**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Shift Preference \_\_\_\_\_

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Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Shift Preference \_\_\_\_\_

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Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Shift Preference \_\_\_\_\_

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Interviewer \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_  
Shift Preference \_\_\_\_\_

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