



Grandview Products Co., Inc.

APPLICATION FOR EMPLOYMENT

Position applying for: Production Office

Shift applying for: Days Nights

Today's Date: _____ Date you are available to begin work: _____

PERSONAL INFORMATION- PLEASE PRINT

Incomplete information could disqualify you from further consideration. Please complete all fields.

Last Name:	First Name:	Middle Name:
Address Number:	City:	State and Zip:
Phone Number:	Are you at least 18 yrs. old? Yes _____ No _____	Are you authorized to work in the United States? Yes _____ No _____

Have you previously been employed by Grandview? Yes _____ No _____

If so, approximate date of employment _____

Can you work overtime, including weekends? Yes _____ No _____

Do you know anyone who works for our company? Yes _____ No _____

If yes, who? _____

EDUCATION

Type of School	Name and Address of School	Course of Study	Years Completed	Diploma or Degree Obtained
High School				
College				
Trade School				
Other (specify)				

Do you have any special skills, experience and/or training that would enhance your ability to perform the position applied for? If yes, explain.

PREVIOUS WORK HISTORY- Please start with the most recent.

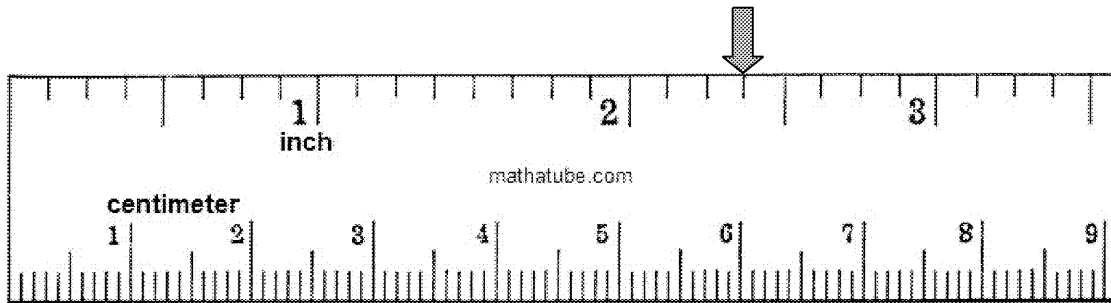
Employer Name and Address:	From: _____	To: _____	Job Title: _____
Supervisor:	Starting Wage: _____ Ending Wage: _____		
Reason for Leaving:	Work Performed:		

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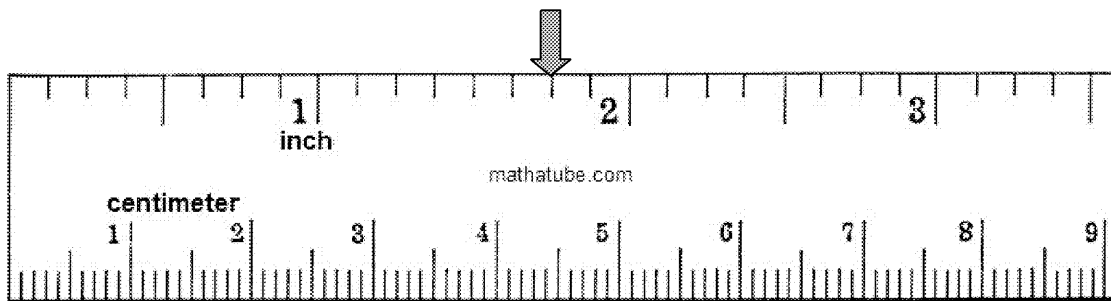
Employer Name and Address:	From: _____	To: _____	Job Title: _____
Supervisor:	Starting Wage: _____ Ending Wage: _____		
Reason for Leaving:	Work Performed:		

MEASUREMENT SCREENING

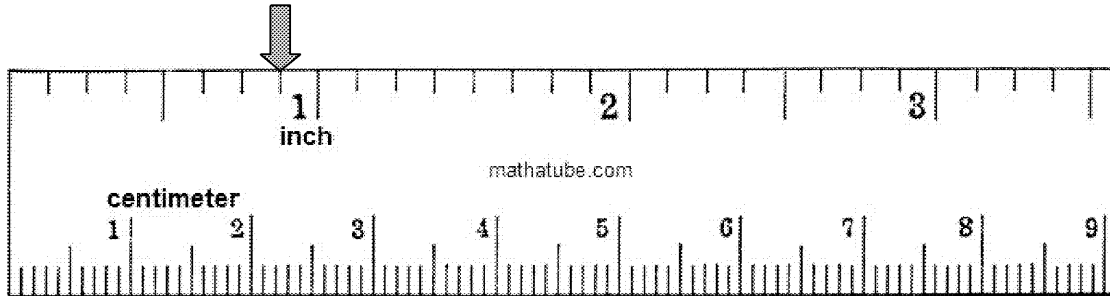
What dimension is illustrated by the arrow below? _____



What dimension is illustrated by the arrow below? _____



What dimension is illustrated by the arrow below? _____



Please read carefully before signing.

Grandview Products Co., Inc. is an equal opportunity employer. Grandview Products does not discriminate in employment on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, marital status, physical or mental disability, military status or unfavorable discharge from military service.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Grandview Products to hire me. If I am hired, I understand that either Grandview Products or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Grandview Products has the authority to make any assurance to the contrary.

I attest with my signature below that I have given to Grandview Products true and complete information on this application. No requested information has been concealed. I authorize Grandview Products to contact references provided for employment reference checks. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal. **If completing this application online, typing your name and the date below constitutes a signature.**

Signature: _____

Date Signed: _____