



Application Instructions

1. Please complete the application in its entirety unless otherwise indicated.
2. All answers must be printed or typed. Answers that are illegible or incomplete may prevent us from considering your application.
3. Return the completed application to:

Imagineering Finishing Technologies
1302 W. Sample St.
South Bend, IN 46619
ATTN: Personnel Dept.
4. This application will remain active for only 90 days. If you have not heard from the Company after 90 days and you still wish to be considered for employment, you will need to fill out and submit a new employment application.

IMAGINEERING FINISHING TECHNOLOGIES IS AN EQUAL OPPORTUNITY EMPLOYER

It is the policy of Imagineering Finishing Technologies to provide employment opportunities without regard to race, color, religion, sex, national origin, age, handicap, or veteran status.

PERSONAL DATA

Last name	First name	Middle initial	Date of Application	Social Security Number
Present address in Full	City	State	Zip	Telephone
Permanent address (if different from above)	City	State	Zip	Telephone
Are you legally authorized to work in the United States?	Your Visa type (if available)			Visa number and expiration date

EMPLOYMENT HISTORY

IMPORTANT: Starting with your present or most recent employer, list in consecutive order **ALL EMPLOYMENT AND PERIODS OF UNEMPLOYMENT** since you graduated from or last attended High School. Additional employment may be listed on a separate page(s) if necessary.

Are you currently employed? _____ May we contact your present employer? _____

Present or most recent employer

Full name of company	Telephone	Salary - Begin/End	Employed - From/To
Street Address		City	State Zip
Name and title of supervisor		Reason for leaving	
Title of your position		Department	
Duties			

Previous employer

Full name of company	Telephone	Salary - Begin/End	Employed - From/To
Street Address		City	State Zip
Name and title of supervisor		Reason for leaving	
Title of your position		Department	
Duties			

Previous employer

Full name of company	Telephone	Salary - Begin/End	Employed - From/To
Street Address		City	State Zip
Name and title of supervisor		Reason for leaving	
Title of your position		Department	
Duties			

EMPLOYMENT HISTORY (cont...)

Previous employer

Full name of company	Telephone	Salary - Begin/End	Employed - From/To
Street Address	City	State	Zip
Name and title of supervisor		Reason for leaving	
Title of your position		Department	
Duties			

Other Employment

List part-time employment while in school, including company name(s), addresses, dates of employment:

Are there any periods of unemployment and/or part-time employment since you graduated or last attended high school which are not listed above or on a separate sheet? _____

If yes, please explain:

Have you ever been suspended, placed on probation, asked to resign, discharged or terminated? _____

If yes, please explain:

EDUCATION

Name and address of school	Graduated? (Yes/No)	Degree, Diploma Cert., Etc. Received?	Major

List any scholarships, academic honors, awards or special achievements:

SKILLS

Indicate experience in years and months for each area:

Plating
 Paint Spraying
 Blasting
 Chemistry
 Waste Treatment
 Non-destructive Testing
 Maintenance
 Inspection

List any other skills you think may be of value to Imagineering Finishing Technologies, such as pre-treatment, etc...

1. _____
2. _____
3. _____

MISCELLANEOUS INFORMATION

Have you ever been convicted of or sentenced for any violation of the law? _____

If yes, give full particulars (the existence of a criminal record does not constitute an automatic bar to employment):

MILITARY EXPERIENCE AND STATUS

Branch of service (if none, state None)		Military occupation	
Length of active duty – date of entry (month/year)	Date of separation (month/year)	Rank at time of separation	

PLEASE NOTE: Final processing prior to employment will require a review of the original or a copy of your military discharge and/or a review of your DD Form 214

Imagineering Finishing Technologies

1302 W. Sample St.

South Bend, In 46619

Phone 574-807-8758 Fax 574-807-8715

EMPLOYMENT REFERENCE SHEET

AUTHORIZATION IS HEREBY GRANTED TO ANY AND ALL PREVIOUS EMPLOYEERS TO PROVIDE THE REQUESTED INFORMATION TO IMAGINEERING FINISHING TECHNOLOGIES.

I hereby release from liability the employer and its representatives for seeking, gathering, and using such information and all other persons, corporations, or organization for furnishing such information.

Signature of the applicant _____

Printed Name _____ Date _____

Previous Employer's Evaluation

Employee _____ SS# _____

Company Name _____

The above named applicant has indicated previous employment with your firm. Your evaluation of this person will be sincerely appreciated and will be held in complete confidence. Both the applicant and I will benefit from an early reply since their potential employment is pending.

Dates of employment _____ to _____ Position or Title _____

Salary/Rate of Pay _____ HR/YR

Description of Duties: _____

Reason for Separation _____

If employee resigned, did they give required notice? Yes / No

Would you rehire? Yes / No If no, why not? _____

(Please circle appropriate description)

Quality of Work	Excellent	Good	Average	Poor	Unacceptable
Quantity of Work	Excellent	Good	Average	Poor	Unacceptable
Attendance	Excellent	Good	Average	Poor	Unacceptable
Cooperation	Excellent	Good	Average	Poor	Unacceptable
Attitude	Excellent	Good	Average	Poor	Unacceptable
Initiative	Excellent	Good	Average	Poor	Unacceptable

Has this person ever been disciplined for violent behavior Yes / No

Other comments: _____

Form completed by: _____ Title _____

***** Please fax form back to 574-807-8715*****

Thank you,
Human Resource Representative



IMAGINEERING™
FINISHING TECHNOLOGIES
The Industry KnowledgeSource™ for Metal Finishing Solutions

PRE-EMPLOYMENT INFORMATION RELEASE AUTHORIZATION

I authorize *CASE SERVICES, INC.*, representing the above business, to obtain copies of my consumer credit reports, driving history, social security record, previous employers, criminal and juvenile records for the purpose of evaluating my application for employment.

Copies of this authorization that show my signature are as valid as the original release signed by me. This authorization is valid for one year from the date signed or upon termination of my affiliation with this employer.

Please print your full name

Social Security Number

Maiden name (if applicable) / date effective (AKA)

Date of Birth

Current Address

Previous Address

Previous Address

Previous Address

Previous Address

Drivers License Number

Telephone Number

Applicant Signature

Date Signed