Application for Employment

6718 Whitestone Road • Gwynn Oak, Maryland 21207 • (410) 298-4343 • FAX: (410) 298-8344

PLEASE PRINT – COMPLETE ALLPAGES.

Date of Application: _____

Name: _____
Last First Middle

Position(s) applied for: _____

Referral Source: ☐ Walk In ☐ AD_____ ☐ Agency_____ ☐ Other _____

☐ Friend _____ ☐ Relative_____

Have you ever used other names? ☐ YES ☐ No If yes, give the name(s): _____

ADDRESS HISTORY (10 YEARS) *Required

Current Street Address: _____

City:_____ State:_____ Zip:_____ Phone: (____)_____

Cell Phone #: _____ Email address: _____

Prior Addresses:

(From:_____ To:_____) Street:_____

City: _____ State: _____ Zip: _____ Phone: (____)_____

(From:_____ To:_____) Street: _____

City: _____ State: _____ Zip: _____ Phone: (____)_____

(From:_____ To:_____) Street: _____

City: _____ State: _____ Zip: _____ Phone: (____)_____

(Please use back of form to continue if needed)

If employed and under 18, can you furnish a work per mit? ☐ YES ☐ NO Salary range requirements : _____

Have you ever filed an application here before? ☐ YES ☐ NO If yes, give the date. _____

Have you ever been employed here before? ☐ YES ☐ NO If yes, give the dates. _____

Are you employed now? ☐ YES ☐ NO May we contact your present employer? ☐ YES ☐ NO

On what date would you be available for work? _____ Are you on a layoff and subject to recall? ☐ YES ☐ NO

Are you lawfully permitted to work in the United States? (Please see statement below.) ☐ YES ☐ NO

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the U.S. and complete required verification document.

EMERGENCY CONTACT

To comply with safety regulations, all non-staff admitted into ATI's employee only areas must provide emergency contact information and wear proper protective gear.

Name: _____ Phone: _____

Name: _____ Phone: _____

*** * * ALL INFORMATION MUST BE FILLED OUT! * * ***

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Diploma or Degree Received
High School				
College				
Other				

Have you completed any special courses, seminars, and/or training directly related to the position for which you are applying?

YES ☐ NO ☐ If yes, please describe. _____

_____

EMPLOYMENT EXPERIENCE **Start with your present or last job**, listing the full address and phone numbers of employers. Exclude organization names which indicate race, color, religion, sex, or national origin.

Employer: _____ Phone: _____

Dates employed: (from) _____ (to) _____ Job Title: _____

Address: _____

Work Performed: _____

Supervisor: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Dates employed: (from) _____ (to) _____ Job Title: _____

Address: _____

Work Performed: _____

Supervisor: _____

Reason for Leaving: _____

Employer: _____ Phone: _____

Dates employed: (from) _____ (to) _____ Job Title: _____

Address: _____

Work Performed: _____

Supervisor: _____

Reason for Leaving: _____

MACHINE SHOP ONLY! **SPECIAL SKILLS** (List manufacturer and model of machine shop equipment.)

MACHINERY MFG / MODEL	SETUP	OPERATE	HOW LONG?

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Why are you applying for this job? _____

_____

_____

Why do you want to work for ATI specifically? _____

_____

_____

Based on what you know about this position, what skills or abilities do you have that will make you successful?

_____

_____

_____

ATI Is an "At Will" employer.

ATI is an equal opportunity employer. We prohibit discrimination and harassment of any kind based on race, color, sex, religion, sexual orientation, national origin, disability, genetic information, pregnancy, or any other protected characteristic as outlined by federal, state, or local laws.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes obligation for ATI to hire me. If I am hired, I understand that either ATI 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 ATI has the authority to make any assurances to the contrary.

Il have given ATI true and complete information on this application. I authorize ATI to contact references.. 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.

_____ _____

Applicant's Signature Date

_____

Print Name

8/2024