



**ALBA MACHINE PRODUCTS, INC.**

QUALITY MACHINING SINCE 1985

# Employment Application

Rev: 00

Approved by: Tim Ryan III

Release Date: 06/09/2021

Page 1 of 2

## Alba Machine Products, INC

102 W High St

Alba MO, 64830

Phone: (417) 525-4641

Email: Info@albamach.com

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_ Suffix: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Are you legally qualified to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Drivers License Number: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Have you ever worked for Alba Machine Products, INC: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when: \_\_\_\_\_

Have you ever been convicted of a felony? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

What position are you applying for: \_\_\_\_\_

What is your desired salary: \_\_\_\_\_ What date are you able to start: \_\_\_\_\_

### Employment History

Company: \_\_\_\_\_ Duties: \_\_\_\_\_

Start and end date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Ok to contact: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Company: \_\_\_\_\_ Duties: \_\_\_\_\_

Start and end date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Ok to contact: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Company: \_\_\_\_\_ Duties: \_\_\_\_\_

Start and end date: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Ok to contact: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Have you ever been discharged or forced to resign from a job? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If Yes, explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**ALBA MACHINE  
PRODUCTS, INC.**

QUALITY MACHINING SINCE 1985

# Employment Application

Rev: 00

Approved by: Tim Ryan III

Release Date: 06/09/2021

Page 2 of 2

## Education

Highest level of education completed: \_\_\_\_\_

School Attended: \_\_\_\_\_

Dates Attended: From: \_\_\_\_\_ To: \_\_\_\_\_

## Professional References

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

Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Relationship: \_\_\_\_\_

If you are offered employment a drug screening may be required, and random drug screenings may occur during employment. Do you accept these terms? Yes: \_\_\_\_ No: \_\_\_\_

Signature: \_\_\_\_\_

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

Print: \_\_\_\_\_