



Coil Manufacturing Inc
940 Alton Parkway
Birmingham, AL 35210

Application for Employment

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classifications.

Please carefully read and answer all questions. You will not be considered for employment if you fail to completely answer all the questions on this application. You may attach a résumé, but all questions must be answered.

PERSONAL DATA				
Name (last, first, middle)		Referred By		
Street Address and/or Mailing Address		City	State	Zip
Social Security Number	Home Telephone Number		Cellular Telephone Number	
Date you can start work	Salary Desired		Have you ever applied to this company before?	
		<input type="checkbox"/> Yes <input type="checkbox"/> No		When?
POSITION INFORMATION Check all that you are willing to work				
Position Desired		Desired Shift <input type="checkbox"/> Day Shift (5:00 AM - 3:30 PM) <input type="checkbox"/> Night Shift (3:30 PM - 2:00 AM)		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, may we contract your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Do you have a high school diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you authorized to work in the U.S. on an unrestricted basis? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been convicted of a felony? (Convictions will not necessarily disqualify an applicant for employment.) <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, explain:				
QUALIFICATIONS Please list any education or training you feel relates to the position applied for that would help you perform the work, such as schools, colleges, degrees, vocational or technical programs, and military training.				
	School Name & Address	Subjects Studied	Years Attended	Did You Graduate?
High School				
College				
Other (Trade School, Technical School, etc.)				
US Military Service	Branch	Rank	Dates Served	<input type="checkbox"/> Active Duty <input type="checkbox"/> Reserves
SPECIAL SKILLS List any special skills or experience that you feel would help you in the position that you are applying for (leadership, organizations/teams, etc.				
REFERENCES Please list three professional references <u>not related to you</u> , with full name, address, phone number, and relationship. If you don't have three professional references, then list personal, <u>unrelated</u> references.				
Name	Address/City/State		Phone	Years Known

WORK HISTORY Start with your present or most recent employment and work back. Use separate sheet if necessary.		
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Job Title #1	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		Starting Salary
Ending Salary		
Job Title #2	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		Starting Salary
Ending Salary		
Job Title #3	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		Starting Salary
Ending Salary		
Job Title #4	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Phone Number
City	State	Zip
Duties:		
Reason for Leaving		Starting Salary
Ending Salary		

By signing below, I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of information may result in the rejection of my application or, if employed, immediate dismissal.

I authorize the company to investigate all statements contained in this application, including contacting any references or previous employers listed above. I further authorize those individuals and organizations to release any relevant information regarding my past employment or other pertinent matters, personal or otherwise. I release the company and all parties providing such information from any liability that may arise from the disclosure or use of this information.

I understand and agree that no representative of the company has the authority to enter into any employment agreement for a specified period of time, or to make any assurances or agreements contrary to the above, unless such agreement is in writing and signed by an authorized company representative.

This authorization does not permit the release or use of medical or disability-related information in a manner prohibited by the Americans with Disabilities Act (ADA) or any other applicable federal or state laws.



Coil Manufacturing Inc
940 Alton Parkway
Birmingham, AL 35210

Criminal Background Check Release Form

PERSONAL DATA				
Name (last, first, middle)				
CURRENT Street Address and/or Mailing Address				
City		State		Zip
PREVIOUS Street Address and/or Mailing Address				
City		State		Zip
Social Security Number		Aliases or Other Names Used		
Drivers License or ID Number	State Issued		Sex	Date of Birth
Race				

In connection with my application for employment (including any contract for services) with Coil Manufacturing Inc (hereinafter referred to as "CMI"), I understand that investigative inquiries may be conducted regarding my background. These inquiries may include, but are not limited to, consumer credit reports, criminal conviction records, motor vehicle reports, and other relevant background information. Such reports may contain details regarding my character, work habits, job performance, experience, and the reasons for separation from previous employment.

I further understand that CMI may request information from various federal, state, and local agencies that maintain records relating to my driving history, credit, criminal and civil matters, education, police arrest records, and other information maintained by criminal justice agencies in the United States.

I hereby authorize, without reservation, any individual, organization, or agency contacted by CMI to release any and all information requested in connection with these inquiries.

Applicant Signature

Date



Coil Manufacturing Inc
940 Alton Parkway
Birmingham, AL 35210

Applicant Consent Form

Coil Manufacturing Inc (hereinafter referred to as "CMI") maintains a drug and alcohol policy that applies to all employees. A copy of this policy is available upon request for your review. Employment is contingent upon successfully completing a physical examination and complying with CMI's drug and alcohol policy. Both the physical examination and the policy include testing for alcohol, narcotics, hallucinogens, marijuana, and other controlled substances.

By signing this form, you acknowledge that you have either reviewed and understood CMI's drug and alcohol policy or declined the opportunity to do so. You consent to any blood, breathalyzer, or urinalysis tests required by the company as part of your physical examination or any other employment-related procedures. You also release the company, its officers, agents, and employees from any liability arising out of or related to such examinations and tests.

If hired, you consent to undergo any drug or alcohol testing required by the company, authorize the release of all related test results to the company, and release the company, its officers, agents, and employees from any liability associated with such testing.

Additionally, if hired, you agree to reimburse the company for all expenses associated with the pre-employment testing described above, should you voluntarily terminate your employment within the first 90 days of service.

You understand that failure to sign this consent form will be considered a voluntary withdrawal of your employment application and will remove you from further consideration.

Applicant Signature

Date