

Huron Casting, Inc. & Companies

Employment Application

Including Huron Casting, Inc., Blue Diamond, Axis Machining, Arenac Casting, Blue Chip Machining & Berne Foundry

7050 Hartley Street
Pigeon, MI 48755

Phone: 989-453-3933
Fax: 989-453-3319



Personal Information

Last	First	Middle	Home Phone
Street Address			Mobile Phone
City	State	Zip	Email

Please circle the name of the company you are applying for employment with:

Huron Casting, Inc. Blue Diamond Axis Machining Arenac Casting Blue Chip Machining Berne Foundry Any Facility

Have you ever applied for a job with any Huron Casting, Inc. group of companies (Huron Casting, Inc., Blue Diamond, Axis Machining, Arenac Casting, Blue Chip Machining, Berne Foundry) as an employee or as a temporary employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which company?	Date
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Have you ever worked at any Huron Casting, Inc. group of companies (Huron Casting, Inc., Blue Diamond, Axis Machining, Arenac Casting, Blue Chip Machining) as an employee or as a temporary employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which company?	Dates	Reason for Leaving
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Do you have any relatives employed with any Huron Casting group of companies?	If yes, please list their name(s) and the company they work for:
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Did an employee refer you to work here? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list the employee's name and the company they work for:
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For what position are you applying?	How did you hear about this position?
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Expected Hourly Rate	Full-time or Part-time?	Days Available to Work <input type="checkbox"/> Mon <input type="checkbox"/> Wed <input type="checkbox"/> Fri <input type="checkbox"/> Sun <input type="checkbox"/> Tue <input type="checkbox"/> Thu <input type="checkbox"/> Sat	Shift(s) <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	Date Available
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Are you eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Have you ever been convicted of a felony, been incarcerated in connection with a felony, or are there any felony charges pending against you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please explain:
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Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch	Are you a veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No War
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Prior Work Experience

	Current or Most Recent	Prior	Prior
Employer			
Address			
City, State, ZIP			
Telephone			
Name of Immediate Supervisor			
Dates of Employment	From (Mo/Yr) To (Mo/Yr)	From (Mo/Yr) To (Mo/Yr)	From (Mo/Yr) To (Mo/Yr)
Position/Job Title			
Primary Job Responsibilities			
Pay	Starting Ending	Starting Ending	Starting Ending
Reason for Leaving			
May We Contact	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education

	High School	College/University	Vocational/Trade School
Name			
Address (City, State)			
Last Year Complete	9 10 11 12	1 2 3 4	
Graduated			
Degree			
Major or Emphasis			
List any applicable special skills, training, or proficiencies or any other education you have.			

Personal References - Not Relatives or Employers

	Reference 1	Reference 2	Reference 3
Name			
Years Acquainted			
Occupation			
Address			
City, State, ZIP			
Telephone			

I verify that the information given by me in this application is true, accurate, and complete. I understand that if I have given any false information on this application, or if I have omitted any material facts, I may be disqualified from employment with the company, or if hired, I may be discharged immediately upon discovery of such false statements or omissions, regardless of how much time has passed between the date of my hire and the discovery of such misrepresentations.

I hereby authorize my current and former employers to release any information contained in my personnel file or otherwise known to them to Huron Casting & Companies. I specifically release from liability any current or former employer, its agents, representatives, employees, officers, or directors for giving such information to Huron Casting, Inc. I further agree that Huron Casting & Companies is free to obtain any credit or other personal financial information and I authorize full disclosure of such information to any organization.

Signature	Date
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