

ACME FOUNDRY, INC. / MAGIC CIRCLE  
JOB APPLICATION  
AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

QUALIFIED APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, ANCESTRY, AGE, MARITAL OR VETERAN'S STATUS, DISABILITY OR HANDICAP. IF YOU NEED AN ACCOMMODATION TO COMPLETE THE APPLICATION PROCESS, PLEASE REQUEST THE ACCOMMODATION THAT YOU NEED.

**APPLICANTS AGREE TO A PRE-EMPLOYMENT MEDICAL EXAMINATION AND DRUG SCREEN TO BE PERFORMED AT THE COMPANY'S EXPENSE BY A PHYSICIAN OF THE COMPANY'S CHOICE. FAILURE OF EITHER MEDICAL EXAM OR DRUG SCREEN WILL VOID ANY PREVIOUS CONDITIONAL JOB OFFER.**

TODAY'S DATE: \_\_\_\_\_ DATE \_\_\_\_\_ AVAILABLE: \_\_\_\_\_

ALL QUESTIONS MUST BE ANSWERED CAREFULLY AND COMPLETELY. IF YOU HAVE A RESUME, PLEASE ATTACH IT TO THIS APPLICATION. **PLEASE TYPE OR PRINT IN INK.**

PERSONAL DATA

NAME \_\_\_\_\_  
LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_ PHONE # (\_\_\_\_) \_\_\_\_\_

CITY / STATE / ZIP \_\_\_\_\_ MESSAGE # (\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

HAVE YOU EVER WORKED UNDER ANOTHER NAME? ☐ YES ☐ NO

IF YES, GIVE NAME \_\_\_\_\_

POSITION DESIRED \_\_\_\_\_

CHECK TYPE OF EMPLOYMENT DESIRED: ☐ FULL-TIME ☐ PART-TIME  
☐ TEMPORARY ☐ SUMMER

CHECK DAYS AVAILABLE: ☐ MONDAY ☐ TUESDAY ☐ WEDNESDAY ☐ THURSDAY  
☐ FRIDAY ☐ SATURDAY ☐ SUNDAY

HOURS AVAILABLE \_\_\_\_\_ WILLING TO WORK OVERTIME? ☐ YES ☐ NO

SHIFT PREFERENCE \_\_\_\_\_ DEPARTMENT PREFERENCE \_\_\_\_\_

ARE YOU OVER THE AGE OF 18?

☐ YES ☐ NO

ARE YOU LEGALLY ABLE TO WORK IN THE UNITED STATES?

☐ YES ☐ NO

ARE YOU A LICENSED DRIVER WITH A CAR AVAILABLE FOR WORK?

☐ YES ☐ NO

HAVE YOU EVER APPLIED AT ACME FOUNDRY, INC. / MAGIC CIRCLE?

☐ YES ☐ NO

HAVE YOU EVER WORKED AT ACME FOUNDRY, INC. / MAGIC CIRCLE?

☐ YES ☐ NO

IF SO, DATE OF EMPLOYMENT \_\_\_\_\_



ACME FOUNDRY, INC. / MAGIC CIRCLE  
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GIVE NAME, ADDRESS AND PHONE NUMBER OF THREE REFERENCES OTHER THAN PAST EMPLOYERS OR RELATIVES

- (1) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (2) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- (3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE LIST ANY SPOUSE, CHILDREN OR FRIENDS EMPLOYED BY ACME FOUNDRY, INC. / MAGIC CIRCLE

\_\_\_\_\_  
\_\_\_\_\_

PLACE A CHECK TO INDICATE HOW YOU HEARD ABOUT ACME FOUNDRY, INC. / MAGIC CIRCLE

\_\_\_\_\_ ADVERTISEMENT - NAME OF PUBLICATION \_\_\_\_\_

\_\_\_\_\_ EMPLOYEE - NAME OF EMPLOYEE \_\_\_\_\_

\_\_\_\_\_ EMPLOYMENT AGENCY - NAME OF AGENCY \_\_\_\_\_

\_\_\_\_\_ OTHER \_\_\_\_\_

ARE YOU CURRENTLY LAID-OFF AND SUBJECT TO RECALL?

☐

YES

☐

NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME, (FELONY OR MISDEMEANOR) OTHER THAN A TRAFFIC VIOLATION? ☐ YES ☐ NO. A CONVICTION WILL NOT BE AN ABSOLUTE BAR TO EMPLOYMENT, BUT FAILURE TO DISCLOSE A CONVICTION WILL BE AN ABSOLUTE BAR TO EMPLOYMENT AND WILL BE GROUNDS FOR DISCHARGE.

IF YES, PLEASE GIVE DATE OF EACH CONVICTION AND EXPLAIN IN DETAIL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACME FOUNDRY, INC. / MAGIC CIRCLE  
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**WORK EXPERIENCE**

NOTE: START WITH YOUR MOST RECENT JOB AND FURNISH DATES OF EMPLOYMENT.  
A RESUME PROVIDING THIS INFORMATION MAY BE ATTACHED AS A SUPPLEMENT.

CURRENT OR LAST EMPLOYER

TYPE OF BUSINESS

ADDRESS

PHONE NUMBER ( )

START DATE

LEAVE DATE

SALARY

REASON FOR LEAVING

JOB TITLE

SUPERVISOR

MAY WE CONTACT  
YOUR CURRENT EMPLOYER?

☐

YES

☐

NO

DESCRIPTION OF JOB DUTIES

PRIOR EMPLOYER

TYPE OF BUSINESS

ADDRESS

PHONE NUMBER ( )

START DATE

LEAVE DATE

SALARY

REASON FOR LEAVING

JOB TITLE

SUPERVISOR

DESCRIPTION OF JOB DUTIES



**ACME FOUNDRY, INC. / MAGIC CIRCLE  
JOB APPLICATION**

PRIOR EMPLOYER

TYPE OF BUSINESS

ADDRESS

PHONE NUMBER ( )

START DATE

LEAVE DATE

SALARY

REASON FOR LEAVING

JOB TITLE

SUPERVISOR

DESCRIPTION OF JOB DUTIES:

**EDUCATION AND TRAINING**

PLEASE PROVIDE ALL RELEVANT DATA

TYPE OF SCHOOL

NAME AND LOCATION  
OF SCHOOL

NUMBER OF YEARS  
ATTENDED

DEGREE EARNED  
MAJOR & MINOR

HIGH SCHOOL

BUSINESS OR  
TECHNICAL SCHOOL

COLLEGE

OTHER TRAINING  
(PLEASE EXPLAIN)

ACME FOUNDRY, INC. / MAGIC CIRCLE  
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**ADDITIONAL QUALIFICATIONS**

PLEASE LIST ANY JOB-RELATED PROFESSIONAL ORGANIZATIONS, VOLUNTEER ACTIVITIES OR MEMBERSHIPS. (EXCLUDE THOSE INDICATING RACE, COLOR, RELIGION, NATIONAL ORIGIN, ANCESTRY OR AGE.)

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WHAT KNOWLEDGE, SPECIAL TECHNICAL, FOUNDRY OR MACHINE SHOP SKILLS OR PERSONAL CAPABILITIES DO YOU HAVE WHICH ESPECIALLY HAVE PREPARED YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED?

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PUBLICATIONS, AWARDS, CERTIFICATES, ETC. \_\_\_\_\_

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**MILITARY**      BRANCH OF SERVICE \_\_\_\_\_ RANK AT DISCHARGE \_\_\_\_\_

DATES OF SERVICE: \_\_\_\_\_

ARE YOU CURRENTLY A MEMBER OF THE NATIONAL GUARD OR A MILITARY RESERVE UNIT?

☐

YES

☐

NO

IF, SO NAME AND LOCATION OF UNIT \_\_\_\_\_

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LIST DUTIES IN THE SERVICE, INCLUDING SCHOOLS AND TRAINING \_\_\_\_\_

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**ACME FOUNDRY, INC. / MAGIC CIRCLE  
JOB APPLICATION**

**APPLICATION STATEMENT**

I HEREBY CERTIFY THAT THE ANSWERS GIVEN BY ME TO THE FOREGOING QUESTIONS AND STATEMENTS MADE ARE TRUE AND CORRECT. IF I AM EMPLOYED BY ACME FOUNDRY, INC. / MAGIC CIRCLE, I WILL COMPLY WITH ALL CURRENT AND FUTURE RULES AND REGULATIONS OF THE COMPANY. I AGREE TO SUBMIT TO A MEDICAL EXAMINATION AND A DRUG SCREEN. I AUTHORIZE MY FORMER EMPLOYERS, TEMPORARY EMPLOYMENT AGENCIES AND LAW ENFORCEMENT AGENCIES TO PROVIDE TO ACME FOUNDRY, INC. / MAGIC CIRCLE AND / OR THEIR DESIGNEES ANY INFORMATION THEY MAY HAVE REGARDING MY PRIOR EMPLOYMENT, PRIOR EDUCATION AND TRAINING, AND REGARDING ANY CONVICTIONS (FELONY OR MISDEMEANOR) AGAINST ME IN THEIR RECORDS. I HEREBY AUTHORIZE ACME FOUNDRY, INC. / MAGIC CIRCLE AND/OR THEIR REPRESENTATIVES TO INVESTIGATE MY BACKGROUND AND ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AND ALL STATEMENTS MADE IN MY JOB INTERVIEW(S) AS MAY BE NECESSARY IN THE COMPANY'S OPINION FOR ARRIVING AT AN EMPLOYMENT DECISION. I RELEASE FROM LIABILITY ACME FOUNDRY, INC. AND MAGIC CIRCLE, AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND REPRESENTATIVES, AND ALL THOSE PERSONS OR FIRMS SUPPLYING SUCH INFORMATION FROM ANY AND ALL LIABILITY AND DAMAGES FOR PROVIDING SUCH INFORMATION. IF UPON INVESTIGATION, ANY STATEMENTS MADE IN THIS APPLICATION OR IN MY INTERVIEW(S) ARE FOUND TO BE UNTRUE, NOW OR IN THE FUTURE, I RELEASE ACME FOUNDRY, INC. / MAGIC CIRCLE AND THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND REPRESENTATIVES FROM ANY AND ALL LIABILITY AND DAMAGES FOR NOT HIRING ME AND / OR FOR TERMINATING ME FOR PROVIDING FALSE AND / OR INCOMPLETE INFORMATION ON THIS APPLICATION AND / OR IN MY INTERVIEW(S), AND I UNDERSTAND THAT I WILL BE SUBJECT TO DISMISSAL WITHOUT RECOURSE FOR GIVING FALSE OR INCOMPLETE INFORMATION ON THIS APPLICATION AND / OR IN MY INTERVIEW(S). I FURTHER UNDERSTAND THAT THIS APPLICATION AND OTHER COMPANY DOCUMENTS ARE NOT A CONTRACT OF EMPLOYMENT AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO RECRUITER OR OTHER COMPANY REPRESENTATIVE OTHER THAN THE PRESIDENT OF THE COMPANY, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENTS THAT CONTRADICTS THIS PARAGRAPH AND THAT ANY SUCH AGREEMENT MUST BE BY A SEPARATE WRITTEN DOCUMENT SIGNED BY MYSELF AND THE PRESIDENT OF THE COMPANY, AND THAT NO SUCH AGREEMENT HAS BEEN MADE. I FURTHER ACKNOWLEDGE THAT A COPY OF THIS PAGE CAN BE USED AS AN AUTHORIZATION FOR ACME FOUNDRY, INC. / MAGIC CIRCLE AND / OR THEIR REPRESENTATIVE TO INVESTIGATE MY BACKGROUND AND THE STATEMENTS MADE ON THIS APPLICATION AND IN MY INTERVIEW(S) AND AGREE TO COOPERATE WITH AND ASSIST ACME FOUNDRY, INC. / MAGIC CIRCLE IN ITS INVESTIGATION INTO MY BACKGROUND AND THE STATEMENTS MADE ON THIS APPLICATION AND IN MY INTERVIEW(S).

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

IS THERE ANY REASON KNOWN TO YOU WHY YOU COULD NOT CONSISTENTLY AND PROMPTLY MEET THE REQUIREMENTS OF THE JOB AS OUTLINED? ☐ YES ☐ NO IF YES, HOW MIGHT WE ACCOMODATE? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**ACME FOUNDRY, INC. / MAGIC CIRCLE  
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**RELEASE OF MEDICAL AND EMPLOYMENT INFORMATION AUTHORIZATION FORM**

TO WHOM IT MAY CONCERN:

I HEREBY REQUEST AND AUTHORIZE ANY HOSPITAL, PHYSICIAN, PHARMACIST, PSYCHIATRIST, PSYCHOLOGIST, CHIROPRACTOR, DENTIST, NURSE, AMBULANCE SERVICE, EMPLOYERS, FORMER EMPLOYERS, PROSPECTIVE EMPLOYERS, TEMPORARY EMPLOYMENT AGENCIES, GOVERNMENTAL AGENCY, WHETHER FEDERAL, STATE, OR MUNICIPALITY, AND INSURANCE COMPANY, TO DISCLOSE AND FURNISH REPORTS CONCERNING MY MEDICAL AND / OR EMPLOYMENT HISTORY WHEN REQUESTED TO DO SO, TO ACME FOUNDRY, INC., 1502 SPRUCE STREET, COFFEYVILLE, KANSAS 67337, OR ANY OF THEIR REPRESENTATIVES. I PERMIT EXAMINATION OF ALL INFORMATION CONCERNING ANY PHYSICAL ILLNESS, MENTAL ILLNESS, INJURY, DISABILITY, MEDICAL HISTORY, CONSULTATION, PRESCRIPTION OR TREATMENT, INCLUDING X-RAY PLATES, COPIES OF ALL HOSPITAL RECORDS AND MEDICAL RECORDS, DENTAL RECORDS, EMPLOYMENT RECORDS, AND ALL PERTINENT DISCLOSEABLE GOVERNMENTAL RECORDS, WHETHER FEDERAL, STATE, OR MUNICIPALITY, OR INSURANCE CLAIMS FILES. I FURTHER AUTHORIZE AND CONSENT TO THE DISCLOSURE AND COPYING OF THESE RECORDS FOR THEIR EXAMINATION. IN CONSIDERATION OF SUCH DISCLOSURE ON THE PART OF THE ABOVE-NAMED PERSONS AND / OR INSTITUTIONS, I HEREBY RELEASE THEM FROM ANY AND ALL LIABILITY ARISING THEREFROM AND AGREE TO HOLD THEM HARMLESS FROM ANY LIABILITY RESULTING THEREFROM.

I HAVE READ AND/OR UNDERSTOOD THE ABOVE DISCLOSURE STATEMENT AND AM SIGNING IT OF MY OWN FREE WILL AND ACCORD. A PHOTO COPY OF THIS AUTHORIZATION SHALL BE CONSIDERED AS EFFECTIVE AND VALID AS THE ORIGINAL.

SIGNED

\_\_\_\_\_

PRINT NAME

\_\_\_\_\_

SOCIAL SECURITY NUMBER

\_\_\_\_\_

TODAY'S DATE

\_\_\_\_\_