



PRECISION IN MOTION
SERVICE GUIDE
 INCORPORATED

GEMINI LOGISTICS, INC.
 3560 WARREN-MEADVILLE RD.
 CORTLAND, OH 44410
 330/637-0813



Oakes Foundry, Inc.
 HIGH-QUALITY CASTINGS SINCE 1929
 700 BRONZE ROAD N.E.
 WARREN, OHIO 44483

APPLICATION FOR EMPLOYMENT

PERSONAL

Last Name _____ First Name _____ MI _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Social Security No _____
 Current Wage _____ /HR Desired Wage _____ /HR

Have you ever applied with Service Guide, Oakes or Gemini before?
 Have you ever been employed by Service Guide, Oakes or Gemini?
 Are you eligible for employment in the U.S.A.?
 Have you been convicted of a felony in the past 7 years?
 How did you hear about the opening? _____

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

WORK HISTORY

Current Employer _____ Employment Dates _____
 Supervisor Name _____ Position _____
 Phone No _____ Reason for Leaving _____
 Past Employer (1) _____ Reason for Leaving _____
 Past Employer (2) _____ Reason for Leaving _____
 Past Employer (3) _____ Reason for Leaving _____

SKILL SETS

Show actual experience in each skill set area in terms on years and months.

SKILL SET	YEARS	MONTHS	SKILL SET	YEARS	MONTHS
Horizontal Boring Mill	_____	_____	ID/OD Grinder	_____	_____
Vertical Boring Mill	_____	_____	Machinery Assembly	_____	_____
Engine Lathe	_____	_____	Material Handler	_____	_____
Turret Lathe	_____	_____	Welder	_____	_____
CNC Operator	_____	_____	Bearing Assembler	_____	_____
CNC Programmer	_____	_____	Estimator/Quote	_____	_____
Milling Machine	_____	_____	DOT Certified Truck Driver	_____	_____

ON A SCALE OF 1 TO 10, RATE YOUR PROFICIENCY:

Ability to Interpret Blueprints _____
 Understanding & implementing work orders & routers _____
 Mathematical Skills _____
 Tooling _____
 Reading Skills _____
 Machine set-up _____

HOW MANY YEARS/MONTHS EXPERIENCE DO YOU HAVE IN:

Machining OEM parts _____
 Machining repair parts _____
 What is the average weight of parts you've machined? _____
 What tolerances have you maintained? _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL

Major area of study _____

City _____ State _____

Graduated _____

TRADE SCHOOL

Craft _____

City _____ State _____

Graduated _____

COLLEGE

Major / Minor _____

City _____ State _____

Graduated _____

REFERENCES

2 of 3 MUST be from last two employers

Name _____

Company _____

Phone No _____

How long known? _____

Name _____

Company _____

Phone No _____

How long known? _____

Name _____

Company _____

Phone No _____

How long known? _____

EMERGENCY CONTACT

Name _____

Relationship _____

Address _____

City _____ State _____ Zip _____

Phone No _____

Cell Phone No _____

CERTIFICATION AND AGREEMENT

I hereby certify that all statements made in this application are true, complete, and correct and that I have read and understand this Application Statement. If I have left an item blank, it is because there is no information to provide in response to it. I understand and agree that any falsification and omission on this form, or in response to questions asked during the interviewing process, or in any post-employment forms which I may complete, shall be grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I authorize the company to investigate the facts contained in this application, including the preparation or procurement of consumer investigative report and I release the company, and any person, company, or institution that provides the company with information concerning my background, from any liability for doing so.

I acknowledge that any offer of employment which may be made to me will be contingent upon satisfactory completion of pre-employment drug screening, eligibility of employment under the Immigration Reform Control Act of 1986, as amended from time to time and the result of a post-offer medical examination, drug and/or alcohol tests by the company.

In event of my employment by the company, I will comply with all the guidelines set forth, verbal or written, and other communications distributed to all employees including random drug and/or alcohol testing as part of the company's Drug Free Work Place program.

I understand and agree that I may be required to accept mandatory overtime, shift work, or a work schedule other than Monday through Friday. I understand and agree that the company may change wages, work benefits, working conditions and guidelines at any time.

I understand that, if employed, my employment is to be "at will" and that either the company or I may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and an officer of the company.

Signature of Applicant

Date



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Performing Reference and Background Checks Release of Information Authorization

I hereby authorize the Human Resource Department of Service Guide, Inc., Oakes Foundry, Inc. or Gemini Logistics, Inc. to obtain information from references related to my work history and performance. This may include information of a confidential or privileged nature.

I hereby release and hold harmless all parties and persons connected with any such request from all claims, liabilities, and damages. All information obtained will be treated with confidentiality.

A photocopy of this signed Authorization is a valid as the original and may be provided to anyone from whom information is requested in determining my job qualifications and competencies.

I also authorize the Human Resources Department to contact other references, agencies, etc. beyond those provided and similarly release all such persons from liability because of furnishing such information as necessary to obtain employment.

Printed Name

Signature

Signature Date

Social Security Number