



Please save the PDF to your device and send as an attachment to recruiting@copperstate.com

1. General Information

Name, Date Available for Work, Phone, Physical Address - Street, City, State, Zip, E-mail

Have you been employed here before? Yes No If so when? How do you learn about Copper State?

Do you have an immediate family member or a member of your household who is currently employed with us or a competing or fastener company? Yes No

Are you legally eligible to work in the United States? Yes No

Have you ever been convicted of, or are pending conviction, of a misdemeanor or felony? Yes No If so when?

Do you require any accommodations in order to complete the job applied for? Yes No If yes, please provide details on a separate sheet

Are any of these accommodations related to a former worker's compensation claim? Yes No If yes, please provide details on a separate sheet

Position(s) Applied For:

Check applicable boxes:

Desired Start Date:

Desired Work: Full-time Part-time

Location Preference:

Desired Shift: 1st Shift 2nd Shift 3rd Shift

3. Skills and Qualifications

Summarize licenses and or certifications you have (Fork lift, OSHA, MSHA, CDL, etc):

Summarize training (CPR, Computer applications, etc.):

Table with 3 columns: Skill/Qualification, Experience with Power Tool Repair, Wholesale/Retail experience. Rows include: Convert a Whole Number into a Fraction, Can Lift in Excess of 50lbs, Hand held scanner, Order Pulling/Selecting, Packaging/Stocking, Receiving/Shipping, Mechanical Aptitude, Machine Operator, CNC Operator, CNC Manual Lathe, Gaskets cutting, Sales Training Programs or Courses ERP Systems, Microsoft Applications, Data Entry/10 Key, Reception/Phone, ERP Systems.

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. I give the employer the right to contact and obtain information from all references, employers, educational institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representative for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information. The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration from employment on a basis prohibited by local state or federal law. This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application. If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an officer. I understand that it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for reasonable accommodation as required by the ADA. I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization. I certify that I have read, fully understand and accept all terms of the foregoing applicant statement.

Signature of Applicant Date Please submit your resume, including your employment history, educational background, and professional and/or personal references or complete sections 4-6.

4. Employment History

Please provide the following information for your past three employers, starting with the most recent.

_____	_____	_____	_____	_____
From		Employer		Supervisor
_____	_____	_____	_____	_____
Address - Street	City	State	Zip	Phone

_____	_____	_____	_____	_____
From	To	Job Title	Employer	Supervisor
_____	_____	_____	_____	_____
Address - Street	City	State	Zip	Phone

_____	_____	_____	_____	_____
From	To	Job Title	Employer	Supervisor
_____	_____	_____	_____	_____
Address - Street	City	State	Zip	Phone

5. Education

Name of School / City and State	Years	Did You Graduate?	Courses of Study
High School _____	_____	_____	_____
College _____	_____	_____	_____
Other _____	_____	_____	_____

6. References

Name	Relationship	Years Known?	Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____