



**Peak Manufacturing
18 Saratoga Boulevard
Devens, MA 01434**

An Affirmative Action/Equal Opportunity Employer

EMPLOYMENT APPLICATION

FIRST NAME	MIDDLE NAME	LAST NAME	SOCIAL SECURITY NUMBER
STREET ADDRESS			TELEPHONE NUMBER
CITY	STATE	ZIP CODE	DATE OF BIRTH <small>(will be used only for SS # verification purposes)</small>

HOURS AVAILABLE TO WORK <input type="checkbox"/> PART-TIME - # hrs per week _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> SUMMER <input type="checkbox"/> TEMP.	INDICATE SHIFT <input type="checkbox"/> DAY <input type="checkbox"/> EVENING <input type="checkbox"/> NIGHT	ARE YOU AVAILABLE TO WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO
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WHAT DATE WOULD YOU BE AVAILABLE FOR WORK?	HOURLY RATE REQUESTED?
HAVE YOU EVER BEEN EMPLOYED AT PEAK MFG? <input type="checkbox"/> NO <input type="checkbox"/> YES, PROVIDE TITLE AND YEARS OF SERVICE. _____	HOW DID YOU BECOME INTERESTED IN PEAK MFG?

ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU FILED AN APPLICATION HERE BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN WAS LAST APPLICATION FILED? _____
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IF YOU ARE HIRED, ARE YOU ABLE TO PRESENT PROOF OF LEGAL AUTHORIZATION TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "NO" EXPLAIN WHAT TYPE OF VISA _____
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HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES" PLEASE EXPLAIN _____

NAME AND ADDRESS OF SCHOOLS ATTENDED	ACADEMIC MAJOR	LIST DIPLOMA OR DEGREE
GRADE SCHOOL		
HIGH SCHOOL OR VOCATIONAL SCHOOL		
COLLEGES OR UNIVERSITIES		
GRADUATE SCHOOL/OTHER		

<u>LIST EXPERTISE</u>			
MACHINE OPERATION DEBURRING	INSPECTION FINISHING	SETUP _____	SHIPPING _____



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Employment History

May we contact your present employer: Yes _____ No _____

List most recent employer first (include volunteer work). Please complete in full even though you may have a resume.

Dates Employed		Employer: _____	Title: _____
From _____	To _____	Address: _____	Duties: _____
		City, State: _____	_____
Hourly Pay		Immediate Supervisor: _____	_____
From _____	To _____	Phone Number: _____	_____
		Reason for Leaving: _____	_____
Dates Employed		Employer: _____	Title: _____
From _____	To _____	Address: _____	Duties: _____
		City, State: _____	_____
Hourly Pay		Immediate Supervisor: _____	_____
From _____	To _____	Phone Number: _____	_____
		Reason for Leaving: _____	_____
Dates Employed		Employer: _____	Title: _____
From _____	To _____	Address: _____	Duties: _____
		City, State: _____	_____
Hourly Pay		Immediate Supervisor: _____	_____
From _____	To _____	Phone Number: _____	_____
		Reason for Leaving: _____	_____

Professional or Academic Referral (Do not give name of relative or former employer)

Name	Address & Telephone Number	Occupation	Years Known

Certification

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that Peak Mfg shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in this questionnaire. I authorize the hospitals, companies, schools or persons named to give any information regarding my employment, together with any information they may have regarding me. Employment, if offered, is for an indefinite time period and is at-will. I hereby release Peak Mfg from all liability for any damage for issuing this information. Employment is contingent upon satisfactory completion of the I9 and background check, if applicable.

[Click icon to email](#)

SIGNATURE _____

DATE _____