



# SIMMONS

## MACHINE TOOL CORPORATION

1700 North Broadway Albany, NY 12204 USA  
 Telephone: 518-462-5431 Fax: 518-462-0371  
 www.smtgroup.com

### Application for Employment

An Equal Opportunity Employer – All qualified applicants will receive consideration for employment without regard to race, color, religion, age, sex, national origin, marital status, disability, protected Veteran Status, sexual orientation and gender identity, genetic information, victims of domestic violence and stalking, familial status, and all other categories covered by law.

Incomplete information could disqualify you from further consideration. Please complete all fields.

Personal Information			
Name (Last, First, M.I.)			
Address	City	State	Zip
Phone Number	Mobile Number	Email Address	
Are you legally authorized to work in the United States? <i>(Proof of identity and eligibility will be required upon employment)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you over the age of 18? <i>(If no, you may be required to provide authorization to work)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a Felony? <i>(a conviction will not necessarily disqualify an applicant)</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you previously worked for this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, When? _____ What Capacity? _____	
Do you know anyone who is employed by this company?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		If yes, who? _____	
How did you hear about this opportunity?			
Position			
Position You Are Applying For	Available Start Date	Desired Salary Range	
Employment Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Full or Part-Time			
Are you able to perform the essential functions of the job for which you are applying for, with or without reasonable accommodations?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you work any shift?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you work overtime, including weekends?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Education</b>				
<b>School</b>	<b>Name/Location</b>	<b>Number of Years Attended</b>	<b>Diploma/Degree Received</b>	<b>Courses of Study (Major/Minor)</b>
High School				
Vocational/Technical Schools				
Colleges or Universities				
Other Training or Military Schools				

**References**

*Please list three (3) professional references*

Full Name:	Title:
Company:	Relationship:
Address:	Years Known:
Phone:	
Full Name:	Title:
Company:	Relationship:
Address:	Years Known:
Phone:	
Full Name:	Title:
Company:	Relationship:
Address:	Years Known:
Phone:	

**Employment & Experience**

Start with your present or most recent employment and work back. Use separate sheet if necessary. Incomplete information could disqualify you from further consideration.

<b>Job Title #1</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Supervisor's Phone Number _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip
Responsibilities:		
Reason for Leaving:		

<b>Job Title #2</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Supervisor's Phone Number _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip
Responsibilities:		
Reason for Leaving:		

<b>Job Title #3</b>	Start Date (mo/day/yr)	End Date (mo/day/yr)
Company Name	Supervisor's Name	Supervisor's Phone Number _____ May we contact for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
City	State	Zip
Responsibilities:		
Reason for Leaving:		

**Additional Information**

Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying:

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**Military Service**

Have you ever served in the Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Branch / Specialty: _____	Dates Served: From _____ to _____
Rank at Discharge: _____	
Are you a member of the National Guard?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Disclaimer and Signature**

I certify that all the information on this application is accurate and complete to the best of my knowledge and understand that misleading or false statements will constitute sufficient cause for refusal of hire or termination of my employment.

I understand that neither the acceptance of this application nor the subsequent entry into any type of employment relationship with Simmons Machine Tool Corporation creates an actual or implied contract of employment. I understand that, if I accept employment with Simmons Machine Tool Corporation, it will be on an at-will basis. This means that either Simmons Machine Tool Corporation or I have the right to terminate the employment relationship at any time, for any reason, with or without cause. I also understand that if I am accepted for employment with Simmons Machine Tool Corporation, Simmons Machine Tool Corporation reserves the right to change my job responsibilities, wages, benefits and any other term or condition of my employment with Simmons Machine Tool Corporation at any time to meet the needs of Simmons Machine Tool Corporation, subject to applicable Federal and State laws.

I agree to submit to drug testing, physical and background check if requested by Simmons Machine Tool Corporation. I release Simmons Machine Tool Corporation, and its employees, plus other persons or companies, from any and all liability arising out of or related in any way to such testing.

I authorize Simmons Machine Tool Corporation to investigate information concerning my education, employment experiences and all other aspects of my background relevant to my proposed employment. I release Simmons Machine Tool Corporation and its employees from all liability arising from such investigation.

Please sign below indicating that you have read the above statement and understand its content, intent and terms.

<b>Signature:</b> _____	<b>Date:</b> _____
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