

# MATRIX TOOL INCORPORATED

## EMPLOYMENT APPLICATION FORM

Electronic Copy

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*Matrix Tool Considers Applicants For All Positions Without Regard To Race, Color, Religion, Creed, Gender, National Origin, Age, Disability, Marital or Veteran Status, Sexual Orientation, or Any Other Legally Protected Status.*

PLEASE PRINT

Date Completed:

### PERSONAL DATA

Last Name	First Name	Middle Initial	Social Security # (Last 4 Digits Only) XX-XXX-
Street Address:			City State Zip
Area Code & Telephone # (Home):		How Did You Hear About Matrix Tool or This Position?	
Area Code & Telephone # (Cell):		<input type="checkbox"/> News Ad <input type="checkbox"/> Friend <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Walk-In <input type="checkbox"/> Other (Specify):	
E-Mail Address:			
Are you a U.S. Citizen or legally authorized to work in the USA? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Position Applied For:			Minimum Rate Desired:
Available for: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work			Shift Availability: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> Any Available
Relatives or Friends Employed By Matrix Tool, Inc.:			
Date you can be available for work:			
Are you currently employed?			
May we contact your present employer? <input type="checkbox"/> YES <input type="checkbox"/> NO                      Previous Employer(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### EDUCATION

	Name & Address	Years Completed	Receive Diploma / Degree?	Course of study
High School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/Trade School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
College/Trade School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other (Specify)			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Now attending:				



Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

**SPECIALIZED SKILLS** - Check the Skills / Equipment Operated And Indicate Additional Information As Applicable.

**Business Skills**

- |   |  |
|---|--|
| <input type="checkbox"/> Typing - Note WPM: _____           | <input type="checkbox"/> Midsize / Mainframe Computer Systems (Specify Types): |
| <input type="checkbox"/> 10 Key Calculator                  | <input type="checkbox"/> PC Software Programs (Specify Types):                 |
| <input type="checkbox"/> Personal Computer (Specify Types): |  |

**Engineering Skills**

- |   |   |
|---|---|
| <input type="checkbox"/> Personal Computer (Specify Types):   | <input type="checkbox"/> Blue Printing Reading / Interpretation     |
| <input type="checkbox"/> CAD Software (Specify Types):        | <input type="checkbox"/> Concepting Experience With Injection Molds |
| <input type="checkbox"/> 3D / Solid Modeling                  | <input type="checkbox"/> Detailing Experience With Injection Molds  |
| <input type="checkbox"/> Geometric Dimensioning & Tolerancing | <input type="checkbox"/> Checking Experience With Completed Designs |

**Tooling Skills**

- |   |  |
|---|--|
| <input type="checkbox"/> Vertical Milling Machines (Specify Types): | <input type="checkbox"/> Mold Assembly               |
| <input type="checkbox"/> CNC Milling Machines (Specify Types):      | <input type="checkbox"/> Mold Maintenance / Repair   |
| <input type="checkbox"/> Sinker / CNC EDM Machines (Specify Types): | <input type="checkbox"/> Mold Polishing              |
| <input type="checkbox"/> Wire EDM Machines (Specify Types):         | <input type="checkbox"/> Certified Journeyman Papers |
| <input type="checkbox"/> Surface Grinders (Specify Types):          | <input type="checkbox"/> Tool Leading                |

**Molding / Processing / QA Skills**

- |  |   |
|--|---|
| <input type="checkbox"/> Injection Molding Machines (Specify Types):         | <input type="checkbox"/> Mold Changeover                                  |
| <input type="checkbox"/> Processing of Engineered Resins (Specify Types):    | <input type="checkbox"/> Mold Repair & Troubleshooting                    |
| <input type="checkbox"/> Mold Set-up   | <input type="checkbox"/> Mold Cleaning                                    |
| <input type="checkbox"/> Statistical Process Control (SPC)                   | <input type="checkbox"/> Precision Measuring Instruments (Specify Types): |
| <input type="checkbox"/> Blue Printing / Part Print Reading & Interpretation | <input type="checkbox"/> Equipment Maintenance                            |

**Miscellaneous**

- |  |   |
|--|---|
| <input type="checkbox"/> Forklift Operation            | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Warehouse / Inventory Control | <input type="checkbox"/> Other (Specify): |
| <input type="checkbox"/> Other (Specify):              | <input type="checkbox"/> Other (Specify): |

**ADDITIONAL INFORMATION** - You Feel May Be Helpful To Us In Considering Your Application.

Have you been convicted of a crime?     Yes         No    If YES, please identify the crime & explain below.

Matrix Tool, in making hiring decisions, will consider criminal convictions and how a conviction relates to the position you are applying for. A criminal conviction will not automatically disqualify you from employment.

Applicant Name: \_\_\_\_\_

Date: \_\_\_\_\_

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**REFERENCES** - List any work related and/or personal references below.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

2.Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

3.Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**PLEASE READ CAREFULLY**

I certify that the information provided herein is true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I authorize all corporations, companies, credit agencies, educational institutions, person, law enforcement agencies, military services and former employers to release information they may have about me to Matrix Tool, Inc. I authorize Matrix Tool, Inc. to confidentially disclose my social security number in order to obtain any necessary information.

I understand that if I refuse to execute this authorization, Matrix Tool, Inc. may refuse to grant employment based on this refusal. A photocopy of this executed authorization shall be as valid as an original.

I understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Matrix Tool, Inc. is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Matrix Tool, Inc.

I understand this application is active for a period of six (6) months.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I also understand that I am required to abide by all regulations and procedures of Matrix Tool, Inc.

Applicant' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

**Thank You For Your Interest In Matrix Tool, Inc. Please Email to [HR@matrixtoolinc.com](mailto:HR@matrixtoolinc.com) or Return Completed Applications to Matrix Tool, Inc., PO Box 920, 4976 Franklin Ave., Fairview, PA 16415**