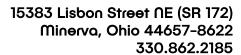




- APPLICATION FOR EMPLOYMENT -

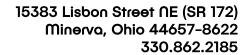
PERSONAL INFORMATION		DA	TE:	
Name:		,	r	
LAST NAME		FIRST NAME	MI	
Address:				
STREET ADDRESS	APT	CITY STATI	E ZIP	
Phone:	CELLULAR	_		
Email Address:		Date Available:		
Lilidii HOOless:		Jaie Available:		
Position Desired:				
	FULL TIME	DAYS 🗌	WEEKDAY 🗌	
Type of Employment Desired?				
	PART TIME [EVENINGS 🗌	MEEKEUD [
Are you authorized to work in th	e USA? 🔲 Y	es 🗌 no		
Desired Salary: <u>\$</u>	per			
How did you hear about this job	?			
EDUCATION				
High school:				
nigii scriooi:	NAME			
Address:				
STREET ADDRESS		CITY	STATE	ZIP
Did you graduate? TYES OO				
Oth a c				
Other:	INSTITUTION NAME			
Address:				
STREET ADDRESS		CITY	STATE	ZIP
Did you graduate? 🗌 YES 🔲 no	Degree Re	ceived:		
Other:				
	INSTITUTION NAME			
Address:		0.177./	07075	710
STREET ADDRESS	D	CITY	STATE	ZIP
Did you graduate? TYES Onc	Degree Re	C6IV6G:		





EMPLOYMENT HISTORY

Oddessa	NF	ame				
Hooress:		STATE		Phone:		
Supervisor:	2005			300 7171 5		
	TIHITIE			JOB IIILE		
Starting Salary:			_ Enging Sa	lary:		
Reason for Leav	ino:					
11000011101 2001	9					
Job Responsibil	ities:					
May we contac	t? ∐YES [∐ no				
0				Dates Employed:	From:	
Company:	NAME			Dates Employeo.	То:	
Address:				Phone:		
	CITY	STATE	ZIP	<u> </u>		
Supervisor:						
	NAME			JOB TITLE		
Starting Salary:			_ Ending Sa	lary:		
Doogoo for Loov	ioo.					
Reason for Leav	ing:					
Job Responsibil	ities:					
Job Responsibil	ities:					
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Job Responsibil May we contac Company: Address: Supervisor:	t? YES C] no	ZIP	Dates Employed: Phone:	From: To:	
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Job Responsibil May we contac Company: Address: Supervisor: Starting Salary:	T? YES ON THE ORDER OF THE ORDE] no	ZIP Ending So	Dates Employed: Phone: JOB TITLE	From: To:	
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Job Responsibil May we contac Company: Address: Supervisor: Starting Salary: Reason for Leav	T? YES ON THE ORDER OF THE ORDE] no	ZIPEnding So	Dates Employed: Phone: JOB TITLE	From: To:	





I understand that in processing my application for employment former employers and/or educational institutions may be contacted. I authorize former employers and education institutions to release information they have about me to Kuttler Machine Inc., JD Abrasives, LLC and KMI Processing, LLC, and I release them from all liability or responsibility for doing so. I understand that this release will also apply to any future update inquiries or reports.

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that any false or misleading information on my application or interview may result in termination of employment.

Signature of (Applicant:		
Date:			





REFERENCE CHECK RELEASE

To be read and signed by applicant:

I understand that in processing my application for employment, former employers and/or educational institutions may be contacted. I authorize former employers and education institutions to release information they have about me to Kuttler Machine Inc., JD Abrasives, LLC and KMI Processing, LLC and I release them from all liability or responsibility for doing so. I understand that this release will also apply to any future updated inquiries and reports.

Signature:	Date:
For KM	ni Companies Use Only
REFERENCE CHECK	
Name of Applicant:	,
Position applying for:	
Employer:	Date:
Information given by:	Title:
1. Dates of Employment- From:	To:
2. What position(s) did this person hold?	
3. Reason for termination:	
4. Would you rehire? Yes \[\int \no \[\]	
5. Please comment on the following:	
Quality of work:	
Strengths:	
Any problem areas:	
Work habits (attendance, attitude, teamwork	rk, etc.):
This employer provides dates of employr	ment and position only.
KMI Companies representative making this	inquiry:
	Date:
Thank you for your assistance.	
If responding by fax, please return to:	
Fax Number: (330) 862-2958	
OTTENTION.	