



APPLICATION FOR EMPLOYMENT

1070 SE 33rd Avenue | 122 Cessna St. NW | 520 Chelsea Road
Minneapolis, MN 55414 | Watertown, SD 57201 | Monticello, MN 55362

INSTRUCTIONS

Please print clearly and complete each section fully to assure the appropriate information is available for our consideration. **To receive appropriate consideration, please identify the position you are interested in on the line at the right side of this application.** Your application must be completed and signed on the bottom to receive consideration. **If you have a question about filling out this application, please ask.**

EQUAL EMPLOYMENT OPPORTUNITY

TCDC provides a fair and equal employment opportunity for all job applicants regardless of race, color, religion, national origin, gender, sexual orientation, age, marital states or disability. TCDC hires individuals solely on the basis of their qualifications for the job to be filled.

DRUG/ALCOHOL TESTING

It is the policy of Twin City Die Castings Co. to conduct business in a drug/alcohol free environment. Before TCDC extends a formal offer of employment to an applicant, the applicant must provide evidence of a negative drug screen. In the event of a positive test result, the company will withdraw the job offer.

Applicant / Employer Rights

1. *Right of refusal* – Any applicant may refuse the drug/alcohol-screening test. Such a refusal will result in any job offer being withdrawn by Twin City Die Casting Company
2. *Right to retest* – Any applicant testing positive may request to:
 - a. *Explain or rebut a positive result on a confirmatory test.*
 - b. *Have the original sample retested at the applicant's expense. If the confirmatory test results in a negative finding the applicant will be deemed eligible for hiring.*

Confidentiality The Company will maintain the confidentiality of drug and alcohol testing results, as well as other information obtained during the administration of its drug and alcohol policy. Such information will only be released to those individuals with a need to know.

My signature below is an indication that I have read this information, and that I consent to being tested for drugs as part of the pre-employment physical as a condition of my employment.

⊗ Signature _____ Date ____ / ____ / ____

APPLICANT'S STATEMENT

I understand Twin City Die Castings Company will thoroughly investigate my work and personal history and verify data given on this application, on related papers and in interviews. I authorize the companies, educational institutions and/or persons named by me in this application to give any information they have regarding me, whether or not it is in their records, to Twin City Die Castings Company. I release said companies, educational institutions, and/or persons from any liability whatsoever for furnishing this information. I further agree to release Twin City Die Castings Company from any liability whatsoever that may arise from relying on information by these companies, educational institutions and/or persons.

I promise that all of the information submitted by me on this Application for Employment is true and correct. I understand and agree that should any information supplied by me on the application or other Company records be found at any time to be untruthful, or if I am found to have omitted any matter from this or other Company records, I may, without recourse, be refused employment or immediately discharged.

I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity. Failure to submit such proof will result in denial of employment.

I understand that Twin City Die Castings Company follows an "employment at will" policy and that an employee's employment may be terminated at any time by the employee or the Company with or without cause or notice, for any or no reason. It is understood and agreed that this application and other Company documents, policies, and/or practices do not constitute an employment contract or agreement. The only exception to at-will employment is a written employment contract signed by the Company President. TCDC is TS and ISO certified and requires all employees to follow the associated requirements, as well as, comply with all safety protocols.

I understand that this application will remain active for 90 days from the date I sign it. By my signature below, I agree that I have read and understand the above paragraphs.

⊗ Signature _____ Date ____ / ____ / ____

Date ____ / ____ / ____
Last Name _____
First Name _____
M.I. _____
Specific Position Applied For _____

..... **PERSONAL DATA**

Name: _____
Last First MI

Home Phone: () Cell Phone: ()

Current Address: _____
Street City State Zip Code

Social Security Number: - - Email Address: _____

How were you referred to our company? _____

Are you 18 years old or older? Yes No

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

Have you ever worked for Twin City Die Castings Company? Yes, as an Employee Yes, as a Temp No

Position: _____ Location: _____

Hire Date: _____ Termination Date: _____
Month Year Month Year

Has any of your employment or education been under a different name? Yes No

Are any relatives employed by Twin City Die Castings Co? Yes No

Name: _____ Relationship: _____

What wage is desired? _____ Date available for employment? _____

Are you available to work (mark all that apply):

- Full time Part time Temporary Days Evenings Weekends Overtime

Are you willing to travel? Yes No Relocate? Yes No

Regular and punctual attendance at work is an essential requirement of the position for which you are applying.

Are you able to satisfy this essential requirement? Yes No

..... **SKILLS INVENTORY**

- Die Cast Operator CNC Operator GD&T CMM Experience
 Forklift Certification DOT License CDL License Microsoft Outlook
 Microsoft Word Microsoft Excel Microsoft PowerPoint Foreign Language: _____

Other please explain: _____

Are you physically able to:

Work in extreme heat? Yes No

Stand during entire shift? Yes No

Mfg. Equipment Operated *List specific machines:*

..... EDUCATIONAL BACKGROUND

Education	Name and Address of School	Degree/Diploma Received	Course Work Major/Minor
High School/GED			
College or University			
Graduate School			
Vocational/Business School or Other			

List any additional training, licenses or certificates which may have a bearing on your qualifications for employment:
For example: professional seminars, company sponsored courses or professional affiliations.

..... PAST U.S. MILITARY SERVICE

Please list any military service you believe is relevant to a position with the company. Applicants are not required to list military service.

Branch of Service	Dates of Service	Special Training, Job Related Skills, etc:

..... PERSONAL REFERENCES

Provide the names of one to three people, not relatives, who you've known for at least one year.

	Name	Address/Telephone	Business/Occupation	Years Acquainted
1				
2				
3				

..... WORK REFERENCES

Give the names of two of your previous employers whom we may contact.

	Employer/Supervisor	Company	Telephone
1			
2			

EMPLOYMENT RECORD

List your last four employers, starting with the most recent or current position.
A resume may be attached to supplement the information provided below.

1	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: To:
	Position Held	Duties & Responsibilities	
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving
2	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: To:
	Position Held	Duties & Responsibilities	
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving
3	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: To:
	Position Held	Duties & Responsibilities	
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving
4	Employer's Name & Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Name & Title of Supervisor	Telephone Number	Dates Employed (mo. & yr.) From: To:
	Position Held	Duties & Responsibilities	
	Annual Salary/Hourly Wage	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Reason for Leaving

Thank you for your interest in Twin City Die Castings Company!

VOLUNTARY SELF-IDENTIFICATION FORM

EQUAL OPPORTUNITY AND AFFIRMATIVE ACTION EMPLOYER

TO ALL APPLICANTS:

This company is an **Equal Opportunity and Affirmative Action Employer**. We request your cooperation in providing the following information which will be used in accordance with statutes and regulations regarding Equal Employment and Affirmative Action. **Providing this information is voluntary.** All information received will be kept confidential. It will remain separate from your employment application and will not be used in any way during the interviewing or hiring process.

Name _____ Today's Date _____
Last First MI Month/Day/Year

Position Applied _____

GENDER:

_____ Male _____ Female

RACE/ETHNIC CATEGORY: (Check One)

_____ White (not of Hispanic origin)
_____ Black (not of Hispanic origin)
_____ Hispanic
_____ Asian or Pacific Islander
_____ American Indian or Alaskan Native
_____ Two or More Races

White (not of Hispanic origin): All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
Black (not of Hispanic origin): All persons having origins in any of the Black racial groups of Africa.
Hispanic: All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
Asian or Pacific Islander: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands, or Indian Subcontinent. This area includes, for example: China, India, Japan, Korea, the Philippine Islands, Samoa.
American Indian or Alaskan Native: All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Two or more Races: All persons who identify with more than one of the above races.

REFERRAL SOURCE:

_____ Private employment agency _____ Walk-in
_____ Newspaper _____ Employee referral
_____ Educational Institution _____ Other: _____
_____ State or Community Agency: Name: _____

APPLICANT VOLUNTARY SELF-IDENTIFICATION INFORMATION (con't.)

Information on Individuals with Disabilities & Covered Veterans

(Check all applicable boxes)

- Individual with a Disability: An "individual with a disability" means a person who 1) has a physical or mental impairment that substantially limits one or more major life activities; 2) has a record of such impairment, or 3) is regarded as having such an impairment.
- Disabled Veteran: (1) A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.
- Other Protected Veteran: A veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. (For assistance making this determination, contact Human Resources.)
- Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. (For assistance making this determination, contact Human Resources.)
- Recently Separated Veteran: A veteran during the three year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval or air service.

If you are an individual with a disability or a disabled veteran, you may choose to use the space below to tell us about:

- 1) Any special methods, skills, and procedures which qualify you for positions within Twin City Die Castings Co. so that you can be considered for any positions of that kind, and
 - 2) The reasonable accommodations which we could make which would enable you to perform the job properly and safely, including special equipment or other accommodations.
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I do not wish to provide the information requested.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
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Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.