



10415 Westlake Drive  
Charlotte, NC 28273  
704.588.3900 phone  
704.588.4655 fax

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

We will maintain this application on file for 30 days. If you would like to be considered for future openings after 30 days from the date of this application, you must complete and submit a new application.

**PERSONAL INFORMATION**

Name: _____	(last)	(first)	(middle)	(preferred)
Current Address: _____	(street)	(city)	(state)	(zip)
Previous Address: _____	(street)	(city)	(state)	(zip)
Home Phone: _____	Mobile Phone: _____			
Email Address: _____				

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Salary Desired: \_\_\_\_\_  Full Time  Part Time Shift Preference:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>

Have you ever applied to or been employed by Mueller?  YES  NO

If yes, please give dates: \_\_\_\_\_ Position held/applied for: \_\_\_\_\_

Do you have any relatives employed by Mueller?  YES  NO

If yes, please give name(s): \_\_\_\_\_

If hired, can you provide proof of eligibility to work in the United States?  YES  NO

Are you 18 years of age or over?  YES  NO

Have you ever been convicted of a crime?  YES  NO (Convictions will not necessarily disqualify this application; each case is considered individually.)

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**EDUCATION INFORMATION**

School	Name and Location	Completed?	Course of Study	Degree
High School		<input type="checkbox"/> Y <input type="checkbox"/> N		
College/University		<input type="checkbox"/> Y <input type="checkbox"/> N		
College/University		<input type="checkbox"/> Y <input type="checkbox"/> N		
Graduate/Professional		<input type="checkbox"/> Y <input type="checkbox"/> N		
Business/Trade		<input type="checkbox"/> Y <input type="checkbox"/> N		
Other		<input type="checkbox"/> Y <input type="checkbox"/> N		

Describe any additional course of training or study: \_\_\_\_\_

Certificates, licenses, etc., held: \_\_\_\_\_

Special skills or abilities: \_\_\_\_\_

**EMPLOYMENT HISTORY** (List in chronological order for the past 5 years beginning with your present or most recent employer.)

Present / most recent employer:		Address:		Phone:			
Job Title:		Supervisor:		Dates Employed		Salary	
				From	To	Start	Ending
Description of duties:							
Reason for leaving:				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N			
Previous employer:		Address:		Phone:			
Job Title:		Supervisor:		Dates Employed		Salary	
				From	To	Start	Ending
Description of duties:							
Reason for leaving:				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N			
Previous employer:		Address:		Phone:			
Job Title:		Supervisor:		Dates Employed		Salary	
				From	To	Start	Ending
Description of duties:							
Reason for leaving:				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N			
Previous employer:		Address:		Phone:			
Job Title:		Supervisor:		Dates Employed		Salary	
				From	To	Start	Ending
Description of duties:							
Reason for leaving:				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N			
Previous employer:		Address:		Phone:			
Job Title:		Supervisor:		Dates Employed		Salary	
				From	To	Start	Ending
Description of duties:							
Reason for leaving:				May we contact? <input type="checkbox"/> Y <input type="checkbox"/> N			

Reason for period(s) of unemployment:

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**REFERENCES** Please list 3 business references.

Name	Relationship	Telephone	Email

Mueller Custom Cut, Inc. is an Equal Opportunity Employer. This means that all employment decisions at the Company shall be based on merit, qualification and abilities without regard to race, color, creed, religion, sex, national origin, age (as protected by the Age Discrimination in Employment Act), physical or mental disability (as defined by the Americans Disabilities Act), veteran status, or any other characteristic protected by state or federal law. This commitment to equal treatment applies to all aspects of employment, including, but not limited to: selection, training, assignment, compensation, benefits and administration of personnel policies. If advised of a disability, we will endeavor to make reasonable accommodations, unless such accommodation would cause undue hardship.

**IMPORTANT – PLEASE READ CAREFULLY BEFORE SIGNING**

I am aware that Mueller Custom Cut, Inc. (Mueller) conducts pre-employment drug testing. I fully understand that eligibility with Mueller is contingent upon passing a drug test. I hereby authorize Mueller to perform a drug test, should I be extended an offer of employment. If the initial test and confirmation test have a positive result, I must speak with a medical review officer at the drug testing facility about any medication I may be taking. If the determination is still positive, I realize that the job offer with Mueller is negated. I also realize that refusal to take the initial test or failure to cooperate with the medical review officer will render me ineligible for employment.

By signing this application, I hereby certify that the information I have provided on this application is true and correct to the best of my knowledge. I understand that Mueller relies upon the accuracy of this information and that this information is material to Mueller’s consideration of my application for employment. I further understand that any misrepresentation or omission as to any fact on this application during the hiring process shall be grounds for the rejection of my application or discharge should I already be employed by Mueller. By my signature, I authorize Mueller to conduct an investigation as to the information I have provided either on this application or during the hiring process. I also authorize all former employers, schools and other persons or organizations contacted to release any and all information concerning me requested by Mueller.

**I understand that if Mueller hires me, my employment and compensation can be terminated, with or without cause, at any time, at my option or at the option of Mueller. I also understand that no representative of Mueller other than the President has any authority to enter into any agreement for employment for a definite period of time or that guarantees me I will be terminated only for just cause.**

In signing this application, I certify that I have read the above statements and that I understand all of the information they contain. I am signing this application, including the consent and authorization to undergo a drug test, voluntarily and of my own free act.

Signature: \_\_\_\_\_

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





9201 Stockport Place  
PO Box 7503  
Charlotte, NC 28241-7503  
704.588.3900 phone  
704.588.4655 fax

## Voluntary Self Identification Form

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

Mueller Custom Cut, Inc. is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women and minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment. Please complete the information requested below. Thank you for your cooperation.

### Gender

- Male
- Female

### Race or Ethnic Identity

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Two or More Races (not Hispanic or Latino)

### \*\*Veteran Status

- I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED BELOW
- I AM NOT A PROTECTED VETERAN
- I DO NOT WISH TO ANSWER

I do not wish to self identify.

### \*\*EEOC IDENTIFICATION CATEGORIES

**Hispanic or Latino** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)** A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)** All persons who identify with more than one of the above five races.

**Individual with Disabilities** Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

**Veteran of the Vietnam-Era** Means a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service connected disability if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in any other location.

**Special Disabled Veteran** Means (i) 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 Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service connected disability.

**Other Protected Veteran** Includes any veteran who served on active duty in the U.S. military, ground, navel or air service in a war, campaign or expedition in which a campaign badge has been authorized under laws administered by the Department of Defense.

**Recently Separated Veteran** Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one year period beginning on the date of such veteran's discharge or release from active duty.

**Armed Forces Service Medal Veteran** Includes any veteran who, while serving on active duty in the Armed Forces, participated in a United States military operation for which a service medal was awarded pursuant to Executive Order 12985.