



# BUNTING BEARINGS, LLC

*Certified to ISO 9001:2000*

## Manufacturing Locations:

1001 Holland Park Blvd.  
P.O. Box 729  
Holland, OH 43528  
Corporate Headquarters  
419-866-7000

200 Van Buren St.  
P.O. Box 37  
Delta, OH 43515  
419-822-3456

4252 East Kilgore Rd.  
Kalamazoo, MI 49002  
269-345-8691

153 E. Fifth St.  
P.O. Box 1053  
Mansfield, OH 44902  
419-522-3323

## Service Center Locations:

1001 Holland Park Blvd.  
P.O. Box 729  
Holland, OH 43528  
419-866-7000

12629 Hiddencreek Way  
Cerritos, CA 90703  
562-404-3721

8935 Market Street - Crow Eastport  
Houston, TX 77029  
713-672-7098

## APPLICATION FOR EMPLOYMENT

Name \_\_\_\_\_

Date \_\_\_\_\_

### Position(s) Desired:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*ALL APPLICATIONS ARE ACTIVE FOR 60 DAYS*

# APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

**INSTRUCTIONS:** Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with This Employer. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. This Employer does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability. You may request assistance in completing this application.*

## PERSONAL

Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Street \_\_\_\_\_  
                    First                      M.I.                      Last                      Box                      City                      ST                      Zip

Previous Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

If younger than 18, state age here \_\_\_\_\_ Are you legally entitled to work in the United States?  yes  no

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Answer these for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation?  yes  no If yes, list all here \_\_\_\_\_

Have your driving privileges ever been revoked or suspended?  yes  no If yes, list all here \_\_\_\_\_

Do you have a Commercial driving license?  yes  no

Have you ever applied for employment with us?  Yes  No

If yes: Month and Year \_\_\_\_\_ Location \_\_\_\_\_

If applicable, list names of any relative(s) employed by this Company. \_\_\_\_\_

*\*\*Compliance with I-9 requirements is mandatory, upon employment*

## EDUCATION

High School (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_ Grade Average \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of graduation \_\_\_\_\_

Other Education \_\_\_\_\_

Awards, Honors, Leadership Roles: \_\_\_\_\_

**MILITARY**  not applicable.

List service in U.S. Military: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military experience that may be applicable: \_\_\_\_\_

MOS: \_\_\_\_\_

## GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: cash register, small tools, forklift, word processor, calculator, computers, etc.): \_\_\_\_\_

2. Are you willing to relocate? \_\_\_\_\_ If yes, state location preferred \_\_\_\_\_

3. Salary Expected \_\_\_\_\_ hour \_\_\_\_\_ or week \_\_\_\_\_ Number of hours you are available per week? \_\_\_\_\_  No preference
4. Type of Employment sought:  regular full time  regular part time  temporary  seasonal  as needed
5. Which of these times are you available: Days:  yes  no Nights:  yes  no  
Weekends:  yes  no Holidays:  yes  no
6. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions)
- |                                  |                                  |                                  |                                  |                                  |                                  |                                  |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday                           | Tuesday                          | Wednesday                        | Thursday                         | Friday                           | Saturday                         | Sunday                           |
| _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   | _____ to _____                   |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |
7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary?  yes  no  don't know  
•If no, indicate reason:  need different hours  need different days  need more training,  
Other, (explain) \_\_\_\_\_

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**EXPERIENCE**

List below all present and past employment, beginning with your most recent employer

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_  
.....
2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_  
.....
3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_  
.....
4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

5. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

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6. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving:  Quit  Discharge  Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_  Lay off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
 Please do not contact this employer. Why not? \_\_\_\_\_

In the following space , please describe briefly why you are applying for this position:

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**CONDITIONS OF EMPLOYMENT**

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment with This Employer and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either This Employer or me. I understand that no representative of This Employer has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of This Employer may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of This Employer.
- V. I understand that I may be required to submit to a pre-employment, and post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize This Employer to withhold from my final pay check any monies owed to them by me.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_