INNOVATIVE MACHINE SPECIALISTS, INC.





APPLICANT INFORMATION																	
Last Name		First					Date										
Street									Apartment/Unit								
City		State		Zip Code													
Phone						E-mail											
Start Date						Desired Wage											
Position																	
EDUCATION																	
High School	<u> </u>					Addres											
Did you gradu	ate?	YES		NO 🗆	Degr												
College						Addres	SS										
From		То		Did	you gra		YES		NO		Deg	gree					
Other				'		Addres											
From		То		Did	you gra	duate?	YES		NO			Degree					
REFERENCE																	
Please list thre	ee professio	onal r	referen	ces.													
Full Name								Re	Relationship								
Company								Phone									
Full Name								Relationship									
Company								Ph	one								
Full Name									Relationship								
Company	P								one								
PREVIOUS EMPLOYMENT																	
Company							Р	Phone									
Job Title	Job Title					Startin Wage	\$	ς			Ending Wage		\$				

Responsibilities												
From	То	Reason for Leaving										
Company			Phone									
Job Title				Starting Wage	\$	End Wa	-	\$				
Responsibilities												
From	То	Reason for L	eavi	ng								
Company			Phone									
Job Title			Starting Wage	\$	End Wa	-	\$					
Responsibilities												
From	om To Reason for Leaving											
PLEASE CHECK IF YOU HAVE EXPERIENCE IN ANY OF THE FOLLOWING FIELDS:												
Milling:			Lathe:		CAD/CAM							
Manual				Manual		Solidworks						
CNC			CNC			Welding						
G&M	Code		G&M Cod	e	Fabricating							
Conve	rsational			Conversat	ional							
Any other additional training or software use:												
DISCLAIMER AND SIGNATURE												
I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.												
Signature: Date:												