



AN ETNYRE INTERNATIONAL COMPANY

QUALITY CONTROL INSPECTOR

SUMMARY:

Among other tasks, the Quality Control Inspector will ensure proper use of supplies and labor so that costs remain within budgetary guidelines as established by staff, as well as make sure that work performed is necessary and contributes to the goals of the Quality Department and SMF.

RESPONSIBILITIES:

- Perform set-up verifications, station checks, gauge calibrations, and weld certifications and audits and document results.
- Operate all CMM equipment effectively and efficiently.
- Inspect all rejected parts and prepare required documentation.
- Inspect gages that are in use for proper identification, current calibration status, and condition.
- Answer quality and print questions as necessary during your duties.
- Contact appropriate Production Supervisor, and Quality Manager, in a timely manner when nonconforming parts are found, and a disposition is needed.
- Ensure that production and/or shipping is not held up from a lack of support from Quality Department personnel.
- Follow all safety rules and regulations.
- Perform all other duties deemed necessary by the Quality Assurance Supervisor, Quality Manager, or shift supervisor.
- Evaluate manufacturing processes, to ensure proper gages are in use at machine stations. Make recommendations for proper gauging required by the nature of the machine work.

EXPERIENCE & PHYSICAL DEMANDS:

- Two years related experience preferred.
- High school diploma or GED preferred.
- Ability to lift up to 50 lbs. when required. While performing duties, employee is regularly required to stand, walk, twist, grasp, lift, and reach. Vision abilities require good close and distance vision, depth perception, and ability to adjust focus. Must pass Drug Test and background check.

PLEASE SUBMIT FILLED OUT APPLICATION ONLINE AT WWW.SMF-INC.COM/CAREERS/
VIA EMAIL @ KJONES@SMF-INC.COM or
IN PERSON AT 131 HARVESTER CT, ANDERSON, SC 29626

131 Harvester Ct, Anderson, SC 29626 ◦ (864) 226-0470 ◦ www.smf-inc.com

SMF INC EMPLOYMENT APPLICATION

131 Harvester Ct Anderson SC 29626
 PH:864-226-0470/FX:864-226-0455/www.smf-inc.com

TELL US ABOUT YOURSELF

Last Name:	First Name:	Middle Initial:
Have You ever worked or attended school under another name that we need to know to verify your records? _____ If yes, Name: _____		
Present Address:		
City:	County:	State: Zip:
Phone:	Email:	
Social Security Number:	Do you have a legal right to remain and work permanently in the United States? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Are you at least 18 years of age? YES <input type="checkbox"/> NO <input type="checkbox"/> If hired you may be required to show legal proof of age.		
Have you ever worked for SMF INC before? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, dates and reason for leaving: Under what name: _____ Location: _____		

EMPLOYMENT AVAILABILITY

Position Desired: (circle one) Fabricator Machine Operator Welder Painter Assembler Tool Maker Inspector Maintenance Technician Janitor Engineer Administrative Assistant Other: _____	Date Applied: _____ Date Available: _____
Schedule Preferred: (circle one) FULLTIME PARTTIME Shift Preferred: (circle one) 1 st 2 nd 3 rd	Desired Salary: _____
Please state days or times you cannot work: _____	
Do you now have or plan to have other employment while employed with SMF INC? _____	

EMPLOYMENT HISTORY

Employer	Job Title:
Address:	Duties:
Phone:	Salary:
Dates To / From:	Reason for Leaving:
Supervisor Name:	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer	Job Title:
Address:	Duties:
Phone:	Salary:
Dates To / From:	Reason for Leaving:
Supervisor Name:	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>
Employer	Job Title:
Address:	Duties:
Phone:	Salary:
Dates To / From:	Reason for Leaving:
Supervisor Name:	May we contact? YES <input type="checkbox"/> NO <input type="checkbox"/>

TELL US ABOUT YOUR EDUCATION AND TRAINING

Name & Location of School	Graduated? Y/N	Degree
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High School			
University/College Undergraduate			
University/College Graduate			
Trade, Business or Correspondence			
Special Training or Certifications			

REFERENCES

Name:	Relationship To Reference:	
Title:	Phone Number:	Years Known:
Name:	Relationship To Reference:	
Title:	Phone Number:	Years Known:
Name:	Relationship To Reference:	
Title:	Phone Number:	Years Known:

PERSONAL INFORMATION

Do you have a relative in our employ? YES NO	
If yes, Location, Position, and Name:	
How were you referred to SMF INC?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Agency (name) _____ (contact person) _____ <input type="checkbox"/> Employee referral (name of employee) _____ <input type="checkbox"/> Other _____	
In case of emergency notify: Name:	Phone:

Notice to applicants as required by the Fair Credit Reporting Act

In connection with your employment application, an investigative consumer report for the purpose of evaluating your suitability for employment will be made. If a decision to deny employment is based on information in a credit report, you will be notified and given the name and address of the credit bureau making the report.

Agreement

Please read carefully before signing:

This Company is an equal opportunity employer, and selects individuals best matched for the job based upon job-related qualifications regardless of race, religion, color, creed, sex, national origin, age, disability, or any other status or characteristic protected by law.

I understand that completion of this application does not indicate that there are any positions open and does not in any way obligate this company to hire me or offer me a job. In the processing of my employment application, an investigation may be conducted whereby information and references will be requested from former employers. Permission is hereby granted to any school, person, firm, or corporation, whether my former employer or otherwise, to give this Company any relevant information that may be required by the necessary Company to arrive at an employment decision and I hereby release this Company, its officers, employees, representatives, or agents, from any and all liability and/or damage incurred by myself in accessing or using such information.

I understand that as a matter of Company policy, my employment and compensations shall only continue so long as mutually agreeable, and may be terminated by the Company or me without cause or advance notice. No manual, policy or statement by any Company representative (other than a formal agreement signed by the company and me) is to be considered a contract of employment, whether express or implied, for any specific period of time or upon any continuing term.

This Company reserves the right to use any method of investigation which, in its sole discretion it deems reasonable and necessary to determine whether any employee has engaged in conduct warranting disciplinary action. As a condition of employment, if hired, I agree to cooperate in any such investigation. As a condition of my employment, I voluntarily agree to cooperate in consenting and submitting to any urine or blood tests requested by the Company, to enforce its drug and alcohol policy, as well as any searches of my person or property while employed by the Company, and I recognize that refusal to cooperate in such tests or searches would be grounds for discipline, including termination.

I understand that if hired, my employment may be terminated by the Company due to any misrepresentation, misinformation or inaccuracy of the statements contained on the Application for Employment. I authorize the Company to investigate all statements contained in this application for accuracy and completeness, and to obtain any transcripts, records, or documents pertaining to my background and business experience, as required by the Company. If hired, I agree to conform to the rules and regulations of this Company as issued from time to time, - I also attest that I am authorized to work in the United States. I understand this application will remain active for thirty (30) days, and if I have not been hired by the date, I must renew my application to be considered for future employment.

Signature _____

Date _____