

APPLICATION FOR EMPLOYMENT

JAMES MACHINE WORKS, INC.

Complete this application form in its entirety. If this application for employment is not completed in full, your application will not be considered for any employment purpose. Also provide only the information requested. Failure to do so will result in disqualification of your application. Completion of this application does not indicate that any position is open or promised. The company provides equal employment opportunities without regard to race, color, age (40+ above), sex, national origin, religion, disability, veteran status, or any other local, state or federal protected class.

PLEASE PRINT

Last Name, First Name, Middle Initial		SS#	Street Address	City, State	Zip Code	Telephone
Former Address			How Long Have You Lived At Present Address:	Start Date		
Position Applying For? Welder Helper Machinist Mechanic Other: _____		Wage Desired	Date Available For Work	Are You Willing to Relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Full Time Part Time F/T Salaried Temporary
Shop <input type="checkbox"/> Field <input type="checkbox"/>						
Are You Willing To Work: Full Time? <input type="checkbox"/> Yes <input type="checkbox"/> No Part Time? <input type="checkbox"/> Yes <input type="checkbox"/> No			Weekends? <input type="checkbox"/> Yes <input type="checkbox"/> No Evenings? <input type="checkbox"/> Yes <input type="checkbox"/> No			How Long Do You Plan To Work? <input type="checkbox"/> Temporary <input type="checkbox"/> One Year <input type="checkbox"/> Summer <input type="checkbox"/> More Than 1 Year
Have You Worked For Us Before: <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, dates: Where? Position		Are You Over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manager's Authorization For Rehire
Are You Employed At Present? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are You Legally Eligible to Work In The USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have You Ever Been Discharged From Your Work <input type="checkbox"/> Yes <input type="checkbox"/> No		Hourly Rate Code
Do You Have Any Relatives Working For The Company <input type="checkbox"/> Yes <input type="checkbox"/> No			Name: How Did You Hear About Us <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper <input type="checkbox"/> Employee <input type="checkbox"/> Radio <input type="checkbox"/> TV <input type="checkbox"/> Other			
Have You Ever Been Convicted of A Felony or a Misdemeanor, Including Guilty and Nolo Contendere Pleas? (Other than traffic violations) An answer of "yes" to this question will not automatically disqualify you from consideration for employment. <input type="checkbox"/> Yes Offense: When: <input type="checkbox"/> No						
Have You Ever Served in the Military? If "yes", please indicate branch, And dates of active service and rank at separation <input type="checkbox"/> Yes <input type="checkbox"/> No			In Case of Emergency List at Least 3 Names and Phone Numbers. 1. 2. 3.			
LIST ALL HIGH SCHOOL, COLLEGE, UNIVERSITY OR TECHNICAL TRAINING, SPECIAL TRAINING, SPECIAL SKILLS				YEARS COMPLETED	DEGREE OR CERTIFICATE	
REFERENCES:						
Name and Address			Phone		Occupation	

FORMER EMPLOYERS:

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT FIRST.

MONTH/YEAR	NAME AND ADDRESS OF EMPLOYER:	SALARY	POSITION: DESCRIPTION	REASON FOR LEAVING:
From				
To				
From				
To				
From				
To				

STATE REASON FOR AND LENGTH OF INACTIVITY BETWEEN PRESENT APPLICATION DATE AND LAST EMPLOYER:

IMPORTANT – PLEASE READ AND SIGN THE FOLLOWING:

Applicant hereby certifies that the answers to the foregoing questions are true and correct. I agree if the information is found to be false in any respect including omission of information, I will be subject to dismissal without notice at any time. The applicant understands employer is relying upon applicant's answers and the answers are made as an inducement to employer to hire applicant. I authorize you to investigate all information in this application. I hereby authorize my former employers to release information pertaining to my work record, habits and performance. If I am hired, I understand the Company is immune from civil liability for giving to another employer information relating to my performance, including attendance, attitude, awards, demotions, duties, efforts, evaluations, knowledge, skills, promotions, and disciplinary actions.

Should I become an employee of the Company, I understand that my employment will be for no definite term, such that I will enjoy the right to terminate my employment at any time, at my convenience, with or without cause or reason. I further understand that The Company will have the same right. This status can only be modified if such modification is in writing and signed by both me and the President of the Company.

I hereby further acknowledge that I am expected to abide by all Company rules and regulations, written or unwritten, promulgated by the Company, or my supervisor, but that such rules and regulations do not create a contract between me and the Company or otherwise restrict the right of either me or the Company to terminate the employment relationship. I understand that these rules and regulations may be subject to change at any time. I understand and agree any handbook which I may receive will not constitute an employment contract, but will be a statement of the Company's current policies.

I understand that the Company reserves the right (except where prohibited by law) to conduct inspections of my person, desk, lockers, bags, (including purses or briefcases), or parcels brought into or taken out of the jobsite. I understand that refusal to submit to a requested inspection may result (except where prohibited by law) in termination of my employment.

I understand that before any offer of employment is finalized, I will be required to submit to a urine drug screen, at a Company selected medical facility at the Company's expense. If the test results demonstrate the presence of illegal drugs or non-prescribed controlled substances, I understand that I will not be permitted to commence work for the company, or I will be terminated if I have already commenced work. I voluntarily consent for the designated medical facility to collect a urine sample to be tested for the presence of drugs and controlled substances. The designated medical facility is authorized to release the results of the test internally as it deems appropriate and to a Medical Review Officer. The designated medical facility and/or the Medical Review Officer is authorized to release the results to the appropriate manager of The Company, who is authorized to release the results internally as deemed appropriate.

Applicant's Signature	Date
Supervisor's Signature	Date
Manager's Signature	Date