

### **APPLICATION FOR EMPLOYMENT**

The Western States Machine Company is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

### **PERSONAL INFORMATION** Use the additional space on the back of this form, if needed

Name (Full – Last, First, I	MI)	What date are you available t start work?						
Street Address:		City		State	Zip			
Home Phone	Business Phone		Have you ever fi Yes If YES, give date					
Have you previously t company? YesNo Wh		y our	Do you have any friends or relatives working here YesNo If so, please list					
Are you legally authorized States? Yes No Can you provide proof of US? Yes No (Proof of eligibility will b be employed)	o eligibility to work	Are you at least Yes N Can you furnish Yes N	0	e				
Position applied for:	Desired Wages/Sa	ılary:		ing to work: e Part Time Tem WeekendsOvertin				



#### **EDUCATION**

Elementary School	Circle	grade comple	ted 1	2 3 4	5	6	7	8
City/State		1						
High School	Circle	0	D'1	1 ( )				
	comple		Dia you	ı graduate?				
City/State	1 2	3 4		1				
College		Degree Rece	eived Or	Average	Course major/Fie		/Field	
		Expected	Grade					
City/State								
College		Degree Received Or		Average	Course Major/Field		/Field	
-		Expected		Grade			-	
City/State		-						
Other job-related, educational institutions, licenses, certifications, any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.								

Do you have a reliable means of transportation to and from work?

#### **EMPLOYMENT HISTORY** (List below last employers, starting with the most recent one first)

Present or Last Position	Name of Company				From Mo/Yr To Mo/Yr		
Street Address:			City	S	State	Zip	
Duties:			Reason for Leaving:				
Starting Annual Salary	Final Annual Salary	Bo	onus	Cor			
Name of Supervisor	Title & Department of Supervisor		hone Number of upervisor			nployed, may we upervisor?	

Next Previous Position	Name of Company		Fro	m Mo/Yr	То	o Mo/Yr
Street Address:		City		State		Zip



Duties:			Reason for Leaving:				
Starting Annual Salary	Final Annual Salary		Bonus	Commission			
Name of Supervisor		Title and Depa	artment of Supervisor		one Number of pervisor		

Next Previous Position	Name of	of Company		From	m Mo	o/Yr	To	o Mo/Yr	
Street Address:		City		City		State			Zip
Duties:			Reason for Leaving:						
Starting Annual Salary	Final A	nnual Salary	B	Bonus			(	Commission	
Name of Supervisor		Title and Department of Supe			visor	•	Phone Super		umber of or

Next Previous Position	Name of	e of Company			From Mo/Yr		To	o Mo/Yr	
Street Address:	1	С		City	I	State			Zip
Duties:			Reason for Leaving:						
Starting Annual Salary	Final A	nnual Salary	B	Bonus			(	Commission	
Name of Supervisor		Title and Department of Supe			visor		Phon Supe		umber of or

#### REFERENCES

List at least three responsible adults who have knowledge of your work ethic, experience, and ability (Do not include relatives)

Name	Address	Telephone No.	Occupation

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# PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING

## JOB APPLICANT'S AGREEMENT AND CERTIFICATION

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.
- I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may be cause for subsequent dismissal if I am hired.
- I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to (Company). I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.
- I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.



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- I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.
- I agree that any claim or lawsuit relating to my service with (Company) must be filed no more than twelve (12) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.
- I have read and understand the contents of this employment application and am fully able and competent to complete it.

Date	Signature
Dute	Signature

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER Minority/Female/Veteran/Disabled