

# GENE'S MACHINE, INC.

## APPLICATION FOR EMPLOYMENT

## AN EQUAL OPPORTUNITY EMPLOYER

THIS COMPANY PROVIDES EQUAL OPPORTUNITY TO ALL QUALIFIED PERSONS WITHOUT REGARD TO RACE, COLOR, CREED, SEX, AGE, RELIGION, NATIONAL ORIGIN, VETERAN STATUS OR DISABILITY, FURTHER, THIS COMPANY COMPLIES WITH THE AMERICANS WITH DISABILITIES ACT. IN THAT REGARD, PLEASE INFORM US IF ANY ACCOMMODATION IS NEEDED.

ALL EMPLOYMENT PRACTICES PROVIDE THAT ALL INDIVIDUALS BE RECRUITED, HIRED, ASSIGNED, ADVANCED, COMPENSATED, AND RETAINED ON THE BASIS OF THEIR QUALIFICATIONS AND TREATED EQUALLY IN THESE AND ALL OTHER RESPECTS WITHOUT REGARD TO RACE, COLOR, CREED, SEX, AGE, RELIGION, NATIONAL ORIGIN, VETERAN STATUS OR DISABILITY.

### PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Numbers: Hm: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you 18 years of age or older? YES  NO

Are you eligible to work in the United States? YES  NO

Have you ever been convicted of a felony? YES  NO  If yes, explain: \_\_\_\_\_

### **CONVICTION OF A FELONY WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT**

Notify in case of emergency:

Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Have you ever applied for employment or previously worked with this company?

YES  NO  If yes, state month and year \_\_\_\_\_ / \_\_\_\_\_

Position desired: \_\_\_\_\_ Pay desired: \_\_\_\_\_

### DRIVERS

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

Check the types of vehicles you are qualified to operate: Light Truck  Tractor/Trailer "A"

### EDUCATION

Type of School	Name of School	Location (City / State)	# of Years Completed	Diploma /Degree/ Certification
High School				
College				
Bus./ Trade School				

**PERSONAL REFERENCES**

NAME	CITY/STATE	PHONE	RELATIONSHIP

**EMPLOYMENT RECORDS**

Are you currently employed? YES  NO  We routinely contact an applicant's current employer for reference purposes. Would this pose any difficulty for you? YES  NO

If yes, explain: \_\_\_\_\_

Previous employment information: Account for the past 10 years or past three employers. Include periods of self-employment, schooling, or military service.

**CURRENT OR LAST EMPLOYER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor: \_\_\_\_\_

Salary / Rate: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor: \_\_\_\_\_

Salary / Rate: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**NEXT PREVIOUS EMPLOYER**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Position / Duties: \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_/\_\_\_\_ To: \_\_\_\_/\_\_\_\_/\_\_\_\_ Supervisor: \_\_\_\_\_

Salary / Rate: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Use this space to give any other information about your personal skills, work style, or other qualities which would be of assistance in placing you: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT CERTIFICATION AND AGREEMENT**

I certify that the information given on this application is true, correct, and complete. I also certify that I have accounted for all of my work experience and training.

I understand that misrepresentation or omission of facts will be cause for cancellation of my consideration for employment or dismissal, if employed.

I understand and agree that, if employed, the employment will be "AT WILL", that is, either I or the company may end the employment relationship at any time for any reason or for no reason. Also, I understand that no employee or representative of the company has the authority to enter into any agreement with me for employment for any specific period of time or make any agreement with me contrary to the foregoing.

I understand that I am not to lift or transfer any object unless I am familiar with the given situation and am reasonably sure that doing so alone can be safely accomplished. otherwise, I know that it will be my duty to refrain from lifting or transferring the object until I have obtained assistance.

I agree to abide by all of the company's policies, procedures, and instructions, and also to report immediately to my supervisor any and all job related incidents resulting in injury or illness. I understand that failure to report such incidents before the end of the work period on which the incidents occurred may cause the company not to render voluntary payment of any resulting medical claims.

I understand that employment as a driver is contingent upon insurability and, if employed as a driver, I am subject to immediate discharge if I become uninsurable for any reason during the course of my employment.

I certify that I have no objection to the following conditions concerning my employment:

1. Available for overtime when scheduled.
2. Submitting to a drug examination when requested by the company.
3. Returning all company issued items at the time of termination.
4. Abiding by the rules and regulations of the company.
5. Available to work any shift, any department, or any job when assigned by the company at the prevailing rate at that time.
6. Submitting to a security search when requested by the company.
7. Submitting to a polygraph test when requested by the company.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**GENE'S MACHINE, INC.**

**EMPLOYMENT RECORDS RELEASE**

I, \_\_\_\_\_, having made application for employment, do hereby authorize said company to fully investigate all facts and responses contained in my employment application form, and authorize the release of any and all information pertaining to me by my present and any or all of my past employers which may be deemed necessary for a reference check. I further authorize my present and any or all of my past employers to provide all information concerning my employment with them as well as any other pertinent information which said employers may have, be it personal or otherwise, and I hereby release all such parties from liability or damages as a result of inquiry or furnishing such information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant Printed Name

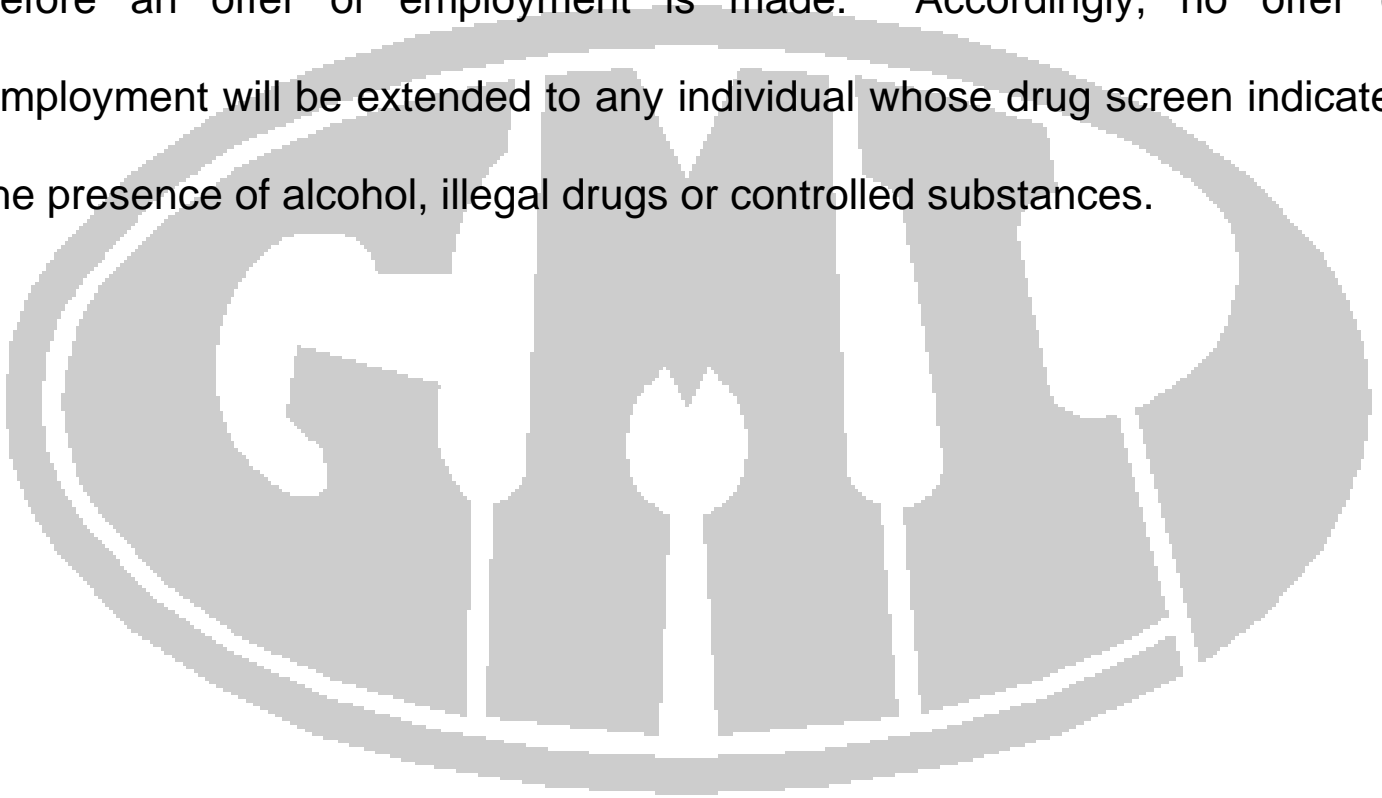
\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Printed Name

\_\_\_\_\_  
Date

## NOTICE TO APPLICANTS FOR EMPLOYMENT

This company may require a drug screen of applicants for certain positions before an offer of employment is made. Accordingly, no offer of employment will be extended to any individual whose drug screen indicates the presence of alcohol, illegal drugs or controlled substances.



## DRUG TEST CONSENT

I understand that, according to company policy, I am required to submit a sample of my urine / blood for chemical analysis. I understand that this sample will be collected at the designated collection station and that the analysis will be performed by qualified personnel in accordance with generally accepted protocol.

I understand the purpose of this chemical analysis is to determine or rule out the presence of non-prescribed or prohibited controlled substances / drugs in the sample give by me.

I consent freely and voluntarily to this request for a urine / blood sample. I a hereby and herewith release the company, the collection facility, the testing laboratory, all doctors, medical personnel, hospitals, clinics and any and all employees, agents, representatives and / or contractors of the aforementioned from any and all liability whatsoever arising from this request to furnish this uring / blood sample, the testing of the sample and decisions made concerning my application for employment or continued employment or any decisionmade to deny subsequent post injury benefits based upon the results of the analysis.

I understand that a documented chain of custody exists with regard to my sample to ensure its identity and to preserve the integrity of the collect on and testing processes.

I hereby authorize the laboratory or facility conducting this test to release the results of same to those officials who make employment decision or medical decisions for the company. I further understand and agree that such test results will be admissible into evidence in any proceeding in which disciplinary action may be taken against me for receiving, possessing, buying, transferring, distributing and / or being under the influence (as defined) of alcohol, drugs or controlled substances, and will be considered in determining the future status of my employment as well as any subsequent post injury benefits which might otherwise be made by the company.

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Applicant / Employee Signature

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Date

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Applicant / Employee Name (Printed)

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Witness

## **PRE-EMPLOYMENT TESTING**

According to the provisions of the Americans With Disabilities Act of 1990, pre-employment physicals, as such, cannot be required of applicants in consideration of employment. However, post-job offer physicals may be given. That is, a physical may be requested of an individual to whom an offer of employment has already been made and accepted prior to the individual actually commencing work. Should an offer of employment be made and accepted and the individual not be recommended for employment by the participating doctor, that individual, as a result, would forfeit employment with the company. Conversely, if the participating doctor gives employment approval, that individual would be considered employed and must be allowed to commence work. The participating doctor (s) should be equipped with a Job Analysis-Job Description form for the position under consideration. All of this is predicated on having an established policy / practice whereby all individuals entering the position are so examined.

Pre-employment drug testing is unaffected by the ADA. Should it become policy to perform pre-employment drug tests, the appropriate consent must be obtained from the applicant (see Drug Test Consent form located after this section). In this regard, consistency is important relative to which applicants or groups of applicants will be tested (if not all), and what impact a positive test result has on the decision to offer employment. Additionally, notification should be made to applicants if pre-employment drug testing will occur. The notification form included after this section should be utilized for this purpose. Whether in a pre or post-employment situation, confidentiality is most important with regard to drug test results. Information regarding such should only be given on a need-to-know basis.