APPLICATION FOR EMPLOYMENT

(Equal Opportunity Employer)

GENERAL NAME:______ SS #____ ADDRESS: TELEPHONE: (__)_____ DATE AVAILABLE:____ ***************************** If employed and under 18, can you furnish a work permit? () Yes () No Have you ever been employed by this company? () Yes () No Are you employed now? () Yes () No May we contact your present employer? () Yes () No If yes, give name and phone number: Are you prevented from lawfully becoming employed in this country because of visa or immigration status? () Yes () No Type of work desired: If applying for a position where driving is required, do you have a valid driver's license in this state? () Yes () No Do you agree to go for a physical and/or drug test? () Yes () No Can you perform the essential functions of the job(s) for which you are applying? () Yes () No Are you available to work () Full-Time () Part-Time () Over-time Have you been convicted of a felony? () Yes () No (Please note that a "Yes" answer will not bar you from consideration for employment.) If yes, please explain conviction: **EDUCATION:** High School: Years Completed () Where attended:_____

College or Trade School: Years Completed () Where attended:_____

REFERENCES: List three non-relatives who are	familiar with your qualification	s, work history, an	d ability.
Name	Occupation/Relationship		Telephone
EMPLOYMENT EXPERI			
Employer:	Superviso	r's Name:	
Address:	Your Posi	tion:	
Telephone Number:	Employed	l from	to
Salary: Starting and Endir	ng/ Duties		4
Reason for Leaving:			
******** Employer:			
Address:			
Telephone Number:		10	
Salary: Starting and Endir	ng/ Duties		
Reason for Leaving:			

Address:			
Telephone Number:			
Salary: Starting and Endin			
Reason for Leaving:			
**************************************	***************	*****	******
Address:	Your Pos	ition:	
Telephone Number:	Employed	l from	to
Salary: Starting and Endin	ng/ Duties		

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. ONLY THOSE APPLICATIONS THAT ARE SIGNED AND DATED ARE CONSIDERED VALID. IF YOU HAVE ANY QUESTIONS REGARDING THIS STATEMENT, PLEASE ASK THEM BEFORE SIGNING.

I certify that all answers and statements I have made on this application (and resume' or other supplementary materials) are true and complete without omissions. By signing below, I authorize Vermes Machine Co., Inc. to investigate all statements contained in this employment application as they may deem necessary in arriving at an employment decision. I understand that any false information provided by me will likely result in a refusal to hire or immediate discharge if I am employed. I authorize any of the persons or organizations named in this application to give you complete information and records regarding my employment, education, character and qualifications.

If hired I will be responsible for familiarizing myself with all rules and regulations of Vermes Machine Co., Inc. as they presently exist or are later modified. If hired, I understand my employment can be terminated, at the discretion of Vermes Machine Co., Inc. or at my option, without notice, at any time and for any reason.

I understand this application is not an offer of employment and no promises or representations of employment have been made to me at this time.

H	ave	read,	understand,	and	agree	with	the	above
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Signature of Applicant	Date
	AND CONTRACTOR

This application is valid for only ninety (90) days from the date I signed. If I want to be considered for job openings more than ninety (90) days from date signed, I will submit a new application.

This company is an equal opportunity employer. All applicants will be considered without regard to age, race, national origin, religion, disability, sex, or other protected status in accordance with applicable federal and state equal employment opportunity laws. This company will strive to accommodate any physical or mental limitations of employees or applicants in order to accomplish the essential functions of the job.