



EMPLOYMENT APPLICATION

(Please Print or Type)

**All Sections Must be Fully Completed In
Order To Qualify For Employment Consideration**

An Equal Opportunity Employer
Drug-Free Work Environment

Specific Position(s) Applied For: _____ Application Date: _____

PERSONAL INFORMATION

Name: _____ SSN: _____ - _____ - _____
Last First Middle

Address: _____
Number Street City State Zip Code

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ E-mail Address: _____

Are you 18 years or older? YES NO Citizenship Status: U.S. Permanent Resident Alien Other: _____
(Proof of Citizenship or Immigration Status Required Prior to Employment)

EMPLOYMENT INFORMATION

Employment Type: Full Time Part Time Apprenticeship Co-op Other: _____

Shift Desired: 1st 2nd Any Overtime Availability: Weekday Saturday Sunday Anytime

Date Available: _____ Salary Requirements: _____ Travel Acceptable: YES NO

Referral Source: (Check One) K & M Website Walk In Employee Referral Internet Unemployment Office
 Word of Mouth Career Fair School Ad Employment Agency Other: _____

EDUCATION

High School	Yrs. Completed	Graduate <input type="checkbox"/> Y <input type="checkbox"/> N	Major	Degree
College/University	Yrs. Completed	Graduate <input type="checkbox"/> Y <input type="checkbox"/> N	Major	Degree
Advanced Degree	Yrs. Completed	Graduate <input type="checkbox"/> Y <input type="checkbox"/> N	Major	Degree
Vocational/Other	Yrs. Completed	Graduate <input type="checkbox"/> Y <input type="checkbox"/> N	Major	Degree

CERTIFICATIONS/SPECIALIZED TRAINING

Certificate	Date Acquired	Renewal Date	License Number

MILITARY SERVICE

Veteran of U.S. Military Service? YES NO If "YES", branch _____

Type of discharge? _____ Member of Reserves? YES NO If "YES", branch _____

EMPLOYMENT EXPERIENCE *(List Present and Former Beginning with Current/Most Recent)* **Complete All Sections**

From (Mo/Yr) to (Mo/Yr)	Company Name and Address	Telephone ()
Last Position	Describe Your Work	
Supervisor		
Supervisor's Title	Last Wages \$	Reason For Leaving

From (Mo/Yr) to (Mo/Yr)	Company Name and Address	Telephone ()
Last Position	Describe Your Work	
Supervisor		
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Last Position	Describe Your Work	
Supervisor		
Supervisor's Title	Last Wages \$	Reason For Leaving

From (Mo/Yr) to (Mo/Yr)	Company Name and Address	Telephone ()
Last Position	Describe Your Work	
Supervisor		
Supervisor's Title	Last Wages \$	Reason For Leaving

May We Contact Your Employers <input type="checkbox"/> YES <input type="checkbox"/> NO	If "NO" indicate those you do not wish us to contact and why.
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Have You Served An Apprenticeship <input type="checkbox"/> YES <input type="checkbox"/> NO	Where	Dates
	Type of Trade	

SPECIAL SKILLS & QUALIFICATIONS

Summarize and provide examples of special skills and qualifications you have acquired from employment or other experience _____

List office machine skills _____

List computer background/knowledge/program proficiency _____

Other machines or tools operated _____

MISCELLANEOUS

Have you ever applied here before? YES NO If Yes, when and for what position? _____

Have you ever worked here before? YES NO If Yes, when and what position? _____

List any relatives/friends working for K&M:	Name	Relationship
	_____	_____
	_____	_____

Have you been convicted of a felony within the past seven years? YES NO If Yes, date/place/charge/details: _____

Do you smoke or use tobacco products? YES NO

Is there anything that would prevent you from employment consideration with K & M? YES NO Why: _____

Have you ever been terminated or asked to resign from a position? YES NO Details: _____

Have you ever been disciplined, suspended or terminated for any of the following?

- | | | | |
|----------------------|--|--|--|
| Poor Performance | <input type="checkbox"/> YES <input type="checkbox"/> NO | Fighting/Assault/Violence | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Use of Drugs/Alcohol | <input type="checkbox"/> YES <input type="checkbox"/> NO | Violation of Safety Rules | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Absence/Tardiness | <input type="checkbox"/> YES <input type="checkbox"/> NO | Violation of Rules/Policies/Procedures | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Theft | <input type="checkbox"/> YES <input type="checkbox"/> NO | Other Reason(s) | <input type="checkbox"/> YES <input type="checkbox"/> NO |

If Yes, provide details: _____

Are you able to perform the essential job functions of the position you are applying for? YES NO

Do you require any special accommodation? YES NO If "YES", explain _____

Why do you want to work here? _____

REFERENCES (PROFESSIONAL/WORK RELATED REFERENCES ONLY)

Name	Place of Employment	Relationship	Telephone

APPLICANT CERTIFICATION

I certify that the information I've provided in this Employment Application and any accompanying information is true and complete. I realize that falsification, misinterpretation or omissions will disqualify me from employment consideration or may result in my discharge. I affirm that I have a genuine interest in employment with K&M Machine-Fabricating, Inc., and no other purpose in applying for a job with the Company. I further understand that any negative information discovered may prevent my being hired, or if hired may subject me to immediate discharge. I also understand that completion and submission of this application does not imply or guarantee any employment consideration, or offer of, or employment with K&M.

I authorize K&M Machine-Fabricating, Inc. to investigate, or have an investigative agency, investigate all statements contained in this application and/or resume submitted including information pertaining to my personal history, education, criminal conviction record and financial/credit record. I also authorize all of my current and/or previous employers, references, credit reporting agencies/bureaus, educational institutions, and any other person(s), institutions or agencies contacted by K&M Machine-Fabricating, Inc. to provide all records and information as requested by K&M either prior to, or during or after my employment, and I release all parties including K&M Machine-Fabricating, Inc. from any and all liabilities arising from such disclosures. I understand that references will be checked and will influence any hiring decision. I also authorize and request federal, state and local government agencies to release to K&M Machine-Fabricating, Inc. any information requested concerning my driving record.

In consideration for, and if offered employment, I agree to submit to physical examinations and testing permitted by law before and during my employment by a health care professional, at the request and expense of K&M Machine-Fabricating, Inc. and to have all results released to K&M. I agree to disclose completely all information lawfully requested at such examinations and time of testing about my physical and mental condition and medical history. I also agree that before and during my employment, at the request and expense of the Company, I will cooperate in such lawful medical tests (including blood, urine, or other testing) as the Company requests to check for drugs and alcohol in my system, or for any other physical condition. I waive, release and promise not to make any claims against K&M Machine-Fabricating, Inc., (or any testing agency retained by it, or their employees, directors, owners and agents) relating to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that except at the request and for the benefit of the Company I will not disclose to anyone or use for my own purposes any of the Company's confidential or proprietary information, either during or after my employment. I understand and agree that the Company's trade secrets, bidding, costs, pricing and marketing information and techniques, financial and market information, computer software, sources of supply, customer names and information and employees' names and information are confidential and proprietary information of the Company. I also agree that I will not make written or other copies of notes regarding these matters except as necessary to perform my job, and I agree that if my employment with K&M ends, I will deliver to the Company all material of any kind that I have relating to K&M, including any such copies or notes.

I agree that the contents of any lockers, desks or other employer property I may be using and any of my own property I bring onto the Company premises (including without limitations vehicles, packages and purses) may be inspected by the Company at any time. I waive and promise not to make any claims against the Company (or its employees, directors, owners or agents) relating to such inspection.

In consideration of my employment, I agree to conform and abide by the rules, regulations, policies and procedures of K&M Machine-Fabricating, Inc. I understand that my employment, benefits and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no employee, representative, or agent of K&M has the authority to enter into any oral or written agreement for employment for any period of time, or to make or imply any agreement contrary to the foregoing. I further understand that this document and employment interviews, or any offer of employment with K&M Machine-Fabricating, Inc. is strictly on an at-will basis, and that this at-will employment relationship can only be changed in writing by the President.

If employed by K&M, I understand that I will receive a copy of the K&M Employee Handbook which outlines the Company benefits, policies, and procedures, as well as my employment responsibilities. I understand that it is my responsibility to read, know and follow all policies contained within this Handbook. I also understand that the information contained within this Handbook is subject to change as situations warrant, and the Company has the right to amend this information unilaterally, with or without prior notice. I also understand changes in the policies may supersede, modify or eliminate the policies contained in the Handbook and that I am responsible for knowing and following such changes.

If my employment with K&M Machine-Fabricating, Inc. is terminated I understand and agree that the Company has no liability for wages or benefits except such as may have been earned up to the date of such termination. I understand that the Company can change wages, benefits, and conditions of employment at any time without prior notice.

I understand that I may be required to work overtime, including hours before or after my regular shift, as well as my regular days off. I further understand that if I fail to work overtime as directed I may be disciplined up to and including termination of employment.

I understand and agree that any offer of/or employment with K&M is contingent on the successful completion of a drug test and my ability to perform the essential job functions of the position which may be offered. I further understand and agree that if I am unable to perform such job functions with reasonable accommodation that such offer of employment may be revoked or rescinded by K&M at any time with or without notice.

I voluntarily agree to the above terms of employment. I agree that if any of the above terms is ever found to be legally unenforceable as written, such invalidity shall not affect the validity of the rest of these terms, and such terms shall be limited to allow its enforcement as far as legally possible. I understand and agree that no one other than the President of K&M Machine-Fabricating, Inc. has the authority to modify or announce modification of the above terms of employment and policies, or to make any exception to them, or to offer employment on any other terms. I understand and agree that except as provided above, employment, benefits, programs, rules and policies of K&M are subject to exceptions or change at will at any time as decided by the Employer. I also certify that I am willing to have a photocopy or facsimile of this authorization accepted with the same authority as the original.

Applicant Signature _____

Date _____

Welders/Fabricators Applicant Skills/Preference Inventory

K & M Machine-Fabricating, Inc.

Applicant name: _____ Date: _____

Are you willing to work any shift? Yes _____ No _____ If no, which shift will you work? 1st _____ 2nd _____

If scheduled to do so, are you willing to work 6 or 7 days and 55 to 70 hours per week? Yes _____ No _____

Are you certified as a journeyman Welder/Fabricator or can you document eight years of welding/fabricating experience?
Yes _____ No _____

Specify amount and type of experience below:

<u>Type</u>	<u>Years</u>	<u>Months</u>	<u>Type of Weld</u> (Circle all that apply)		<u>Gauge of Material</u> (Circle all that apply)		
1. Flux Core Weld	_____	_____	1. Singlepass	2. Multipass	≤ 1/4"	> 1/4"	casting
			3. Custom	4. Production			
Type of Material(s): _____							
Type of Material(s): _____							
2. Mig Weld	_____	_____	1. Singlepass	2. Multipass	≤ 1/4"	> 1/4"	casting
			3. Custom	4. Production			
Type of Material(s): _____							
Type of Material(s): _____							
3. Stick Weld	_____	_____	1. Singlepass	2. Multipass	≤ 1/4"	> 1/4"	casting
			3. Custom	4. Production			
Type of Material(s): _____							
Type of Material(s): _____							
4. Submerged Arc	_____	_____	1. Singlepass	2. Multipass	≤ 1/4"	> 1/4"	casting
			3. Custom	4. Production			
Type of Material(s): _____							
Type of Material(s): _____							
5. Flame Cutting-Hand	_____	_____			≤ 1/4"	> 1/4"	casting
6. Flame Cutting-Machine	_____	_____			≤ 1/4"	> 1/4"	casting
7. Brake Press	_____	_____			≤ 1/4"	> 1/4"	casting
8. Layout	_____	_____					
9. Setup with Fixture	_____	_____					
10. Setup without Fixture	_____	_____					

Comments: _____

Machinists

Applicant Skills/Preference Inventory

K & M Machine-Fabricating, Inc.

Applicant name: _____ Date: _____

Are you willing to work any shift? Yes _____ No _____ If no, which shift will you work? 1st _____ 2nd _____

If scheduled to do so, are you willing to work 6 or 7 days and 55 to 70 hours per week? Yes _____ No _____

List any boring mills or machining centers you have set up and operated:

Brand Name and Spindle size	Vertical/Horizontal	Manual or CNC	Floor Type or Table Type	Amount of Experience	
				Yrs	Mos
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If CNC, give control(s) operated: _____

Have you done any CNC Program Editing? Yes _____ No _____ If yes, describe how much: _____

List any other machine shop manual, NC or CNC machine(s) you are skilled at setting up and operating. (List control(s), if any):

Are you certified as a journeyman Machinist? Yes _____ No _____

If no, can you document eight years of Machinist experience? Yes _____ No _____

Do you have your own tool box and a complete set of machinist tools? Yes _____ No _____

Comments:
