

Interview Date: _____
 Date Hired: _____
 Position/Dept: _____
 Rate: _____
 Hired By: _____

MISKIN SCRAPER WORKS, INC.
 P.O. Box 218
 Ucon, ID 83454

APPLICATION FOR EMPLOYMENT
 Pre-Employment Questionnaire
 An Equal Opportunity Employer

Office Use Only

PERSONAL

Name _____ Date _____
Last First Middle Social Security Number - -

Present Address _____
Street Apt City State Zip

How many years at this address? _____ Telephone# _____

Previous Address _____

How many years at this address _____ Are you 18 Years or older? yes no

Job(s) applying for: 1. _____ Rate of Pay Expected\$ _____ per _____
 2. _____ Rate of pay Expected\$ _____ per _____

How did you learn of this opening? _____

Do you want to work full time or part time? Can you work overtime? yes no

Have you ever applied at Miskin before yes no if so, when? _____

Have you ever worked at Miskin before yes no if so, when? _____

reason for leaving _____

name of last supervisor _____

List any friends or relatives working for us _____

Are you employed now? yes no

If yes, may we inquire of your present employer? yes no

If hired, on what date will you be available to start? _____

If hired, how will you get to work? _____

Birth Date if less than 25 years old _____

Have you ever been convicted of a felony? yes no If yes, describe in full _____

A conviction will not necessarily disqualify you from this job.

Have you ever been bonded? yes no If yes, where? _____

MILITARY SERVICE RECORD

Have you ever served in the armed forces? yes no If yes, what branch? _____

Dates of duty From _____ To _____
Month Year Month Year

Rank at Discharge _____ What were your duties in the service (include special training and duty station) _____

Honorable Discharge Dishonorable Discharge
A dishonorable discharge will not necessarily disqualify you from this job.

RECORD OF EDUCATION

School Name & Address	Subjects or Courses Studied	Check Last Year Completed	Did you Graduate	List Diploma/ Degree
Middle School _____ _____ _____		5 6 7 8	<input type="checkbox"/> yes <input type="checkbox"/> no	
High School _____ _____ _____		9 10 11 12	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> Other _____ _____ _____
College _____ _____ _____		1 2 3 4	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> Associates <input type="checkbox"/> Bachelors <input type="checkbox"/> Vocational/Technical <input type="checkbox"/> Other _____ _____
Other (Specify) _____ _____ _____				

Educational Status:

- Presently attending school
- Planning to return to school
- May return to school
- Left school permanently

Previous Employer

Employer _____ Phone Number _____

Address _____
Street City State Zip

Start Date ___/___/___ Leaving Date ___/___/___ Job Title _____ Full-Time Part Time

Hourly Wage- Start _____ Final _____ Insurance Retirement

May we contact your supervisor yes no? Supervisor's Name _____

Description of Job Duties _____

If your supervisor rated your performance, it would be:

Excellent Very Good Good Fair Poor

If your supervisor rated your safety record, it would be:

Excellent Very Good Good Fair Poor

Number of days missed from work (Do not count vacations) _____

Did you have any problems complying with this employers attendance policies? yes no

In a 10 week time frame, how many days were you late for work? _____

Reason for Leaving (Check only one. Leave blank if still employed):

School Laid Off Company or Department Closed Didn't Like Job
 Better Job Opportunity Fired/Asked to Resign Other _____

Next Previous Employer

Employer _____ Phone Number _____

Address _____
Street City State Zip

Start Date ___/___/___ Leaving Date ___/___/___ Job Title _____ Full-Time Part Time

Hourly Wage- Start _____ Final _____ Insurance Retirement

May we contact your supervisor yes no? Supervisor's Name _____

Description of Job Duties _____

Reason for Leaving (Check only one. Leave blank if still employed):

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Hourly Wage- Start _____ Final _____ Insurance Retirement

May we contact your supervisor yes no? Supervisor's Name _____

Description of Job Duties _____

Reason for Leaving (Check only one. Leave blank if still employed):

- School Laid Off Company or Department Closed Didn't Like Job
- Better Job Opportunity Fired/Asked to Resign Other _____

If you need additional space to list employment history for past 5 years, attach extra pages.

EXPERIENCE

Check if you have these work skills or training:

- | | |
|---|---|
| <input type="checkbox"/> Supervising | <input type="checkbox"/> Blue Print Reading |
| <input type="checkbox"/> Inspection | <input type="checkbox"/> Layout |
| <input type="checkbox"/> Shear | <input type="checkbox"/> Welding-Stick Electrode |
| <input type="checkbox"/> Press Brake | <input type="checkbox"/> Welding-Submerged Arc |
| <input type="checkbox"/> Punch | <input type="checkbox"/> Welding-TIG Process |
| <input type="checkbox"/> Large Drill Operator (over 1") | <input type="checkbox"/> Welding-MIG Short Arc |
| <input type="checkbox"/> Sharpening Drill Bits over 1/2" Diameter | <input type="checkbox"/> Welding-Inner Shield |
| <input type="checkbox"/> Flame Cutting/Hand Torch | <input type="checkbox"/> Welding-MIG Spray Transfer Process |
| <input type="checkbox"/> Flame Cutting/Shape Cutter | |
| <input type="checkbox"/> Lathe, Milling Machine | |
| <input type="checkbox"/> Assembling | <input type="checkbox"/> Fork Lift or Boom Truck |
| <input type="checkbox"/> Painting-Spray Gun | <input type="checkbox"/> Stock Handling |
| <input type="checkbox"/> Parts Shipping | <input type="checkbox"/> Truck Driver (CDL Certified) |
| <input type="checkbox"/> Machinery Repair | <input type="checkbox"/> Tool Making |
| <input type="checkbox"/> Electrical Circuit Repair | <input type="checkbox"/> Drafting |
| <input type="checkbox"/> Gasoline Engine Repair | <input type="checkbox"/> Computer Operation |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Office Machines |
| | <input type="checkbox"/> Sales, Retailer Wholesale |
| | <input type="checkbox"/> First Aid |

Please list any additional experiences, skills or qualifications which you feel pertinent for this application. _____

If hired, how long do you plan to work for this company?

- Less than 6 months One to Two Years More than Five
 Six Months to One Year Three to Five Years Other _____

Are you licensed to drive a car? no yes If yes, number of years _____
Present Driver's License Number _____ State Issued _____
Number of Moving Violations in last 5 years _____
Number of Accidents in last 5 years _____

Are you licensed to drive a truck (CDL)? no yes If yes, number of years _____
Present Driver's License Number _____ State Issued _____

What is your residency status? (More than one may apply)

- US Citizen Alien-Lawfully admitted for permanent residence
 US Naturalized Alien-Authorized to be hired or recruited for employment
 Canadian Citizen None of the Above

"I certify that the facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit history through any investigations or credit agencies or bureaus of your choice.

In making this application for employment I authorize an investigative consumer report to be made, whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I may be acquainted, This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information.

"I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative."

Applicant's Signature _____ Date _____

Drug Free Workplace Policy

"It is agreed that a urinalysis will be required before final certification and at random intervals thereafter for the express purpose of drug detection. Refusal to submit to a drug screen test will be construed to be a voluntary resignation from employment and will eliminate an application from consideration. Results of the screen will be used in determining an individual's employment status with the company."

Applicant's Signature _____ Date _____

MISKIN SCRAPER WORKS, INC.
DRUG FREE WORKPLACE TESTING PROGRAM
Controlled Substance Testing Consent Form
(Prospective Employees)

As a part of my application for employment, I consent to take a drug test.

I understand that if I test positive for illegal drugs I will not be offered employment.

I understand that in the event I do not work more than thirty (30) days with MISKIN SCRAPER WORKS, INC., the cost of my pre-employment test will be deducted from my final paycheck. This provision does not apply in the event that I am involuntarily laid off.

I understand that the collection, testing, and reporting of my specimen will be done in accordance with applicable chain of custody procedures.

I consent to the release of my drug test results received by **Minert & Associates, Inc.**, as the representative of the company, and the Medical Review Officer, to management officials at **MISKIN SCRAPER WORKS, INC.** and understand that those test results will be held in confidence by all parties involved.

If I am applying for a position that would require a CDL license, I further consent to the company contacting those employers for whom I have worked as a commercial vehicle operator for the past two (2) years for the purpose of **MISKIN SCRAPER WORKS, INC.** determining from my past employers whether I have tested positive for illegal drugs or alcohol, or have refused to test when requested to do so. In the event that the company receives information from a former employer that I have tested positive for drugs or alcohol within the last year, I will not be offered employment, or my conditional employment with the company will be terminated. I consent to the release of that information by those employers for whom I have worked during the past two (2) years as a commercial vehicle driver.

I have received, read, and understand the terms of **MISKIN SCRAPER WORKS, INC.** Drug Free Workplace testing program, and agree to abide by those terms.

Applicant's Name (Print)

Applicant's Signature

Date