

Effective Date: 11/02/2015

Revision Date: NONE

Date: _____ 20____

APPLICATION FOR EMPLOYMENT

All questions in this application must be filled out for employment consideration. No part of this application will be considered complete by reference to a resume or if the application is not signed.

NOTICE: All applicants are considered for employment without regard to race, colour, religion, sex, national origin, age, marital status or disability unrelated to job performance as required by the Equal Employment Opportunity Commission (EEOC) and the Americans with Disabilities Act (ADA). The Age Discrimination in Employment Act of 1967, as amended prohibits discrimination on the basis of age with respect to persons who are forty years of age or older. **Applicants are not hired during the interview process.** Hiring occurs after successful completion of initial training and a negative outcome on drug urinalysis. Drug urinalysis will be done within the 60-Day Probationary Period. Failure will result in immediate termination.

PLEASE PRINT

Last Name _____ First _____ Middle _____

Present Address _____

Social Security Number _____ Tel. Number _____

ID or Drivers License: State: _____ No. _____ D.O.B. _____

Position Applying for : _____

Date Available for work _____ May we contact your present employer _____

PERSONAL

Have you ever been convicted of a felony or crime involving theft or dishonesty? Yes _____ No _____

Have you ever been discharged for cause or forced to resign any position? Yes _____ No _____

If you answered yes to either of the above two questions, please give complete details.

List any languages in which you can conduct business: _____



MOLINE

ELECTRIC MOTOR & MACHINE, INC.

In case of an emergency please notify:

Name _____

Phone _____ Address _____

Employment : List most recent employer and work background. Give complete addresses. If the following includes self-employment, state name of business, address and bank reference during this self-employment. This page must be completely filled out for employment consideration.

| | |
|--|-----------------------------|
| Company _____ | |
| Dates _____ | Address _____ City _____ |
| Tel: _____ Start \$ _____ Final \$ _____ | |
| Title _____ | Supervisor _____ Duty _____ |
| Reason leaving _____ for | |

| | |
|--|-----------------------------|
| Company _____ | |
| Dates _____ | Address _____ City _____ |
| Tel: _____ Start \$ _____ Final \$ _____ | |
| Title _____ | Supervisor _____ Duty _____ |
| Reason leaving _____ for | |

| | |
|--|-----------------------------|
| Company _____ | |
| Dates _____ | Address _____ City _____ |
| Tel: _____ Start \$ _____ Final \$ _____ | |
| Title _____ | Supervisor _____ Duty _____ |
| Reason leaving _____ for | |



MOLINE

ELECTRIC MOTOR & MACHINE, INC.

Give the names of three references other than relatives or former employers:

Name _____ Telephone: _____

Address _____

Occupation _____ Years Known _____ Relation _____

Name _____ Telephone: _____

Address _____

Occupation _____ Years Known _____ Relation _____

Name _____ Telephone: _____

Address _____

Occupation _____ Years Known _____ Relation _____

Education (Note: All statements will be verified, dates of academic attendance are needed for verification).

High School _____ Address _____

Dates Attended _____ Degree Awarded _____

College/University _____ Address _____

Dates Attended _____ Degree Awarded _____

Graduate School _____ Address _____

Dates Attended _____ Degree Awarded _____

Other _____ Address _____

Dates Attended _____ Degree Awarded _____



Please read carefully before signing.

I certify that the information contained in this application is correct to the best of my knowledge and understanding, and that any false statement is sufficient cause for rejection of my application or dismissal after employment.

I authorize the references 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 all parties from all liability for any damage that may result from furnishing the same to you.

In consideration of my employment, I agree to conform to the rules and regulations of Moline Electric Motor & Machine, Inc., and that my employment is at will 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 Moline Electric Motor & Machine, Inc., is a drug free company, and it is a condition to my employment to pass the drug test before my engagement.

I hereby authorize without reservation the company to obtain any background check from a consumer reporting agency, Federal, State, criminal which contain my past activities, as that term is defined under the federal Fair Credit Reporting Act, and I hereby agree to release the company and any parties furnishing such information to the company from any damages that may result from furnishing such information to the company, or on account of the company relying upon this information in evaluating my application for potential employment. I further authorize ongoing procurement of the above mentioned reports at any time during my employment.

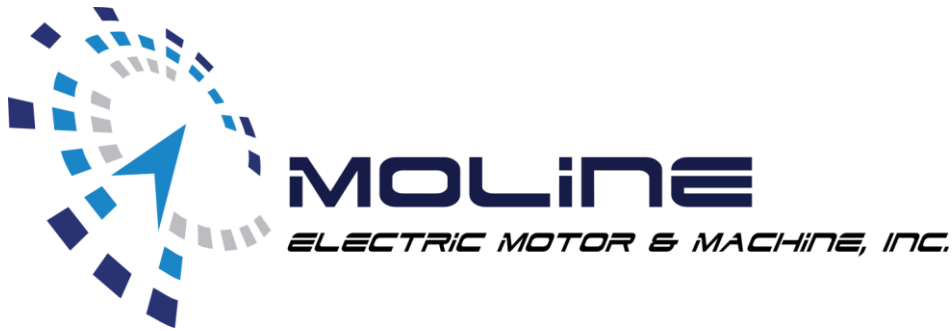
I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

Date _____ Signature of Applicant _____

DO NOT WRITE BELOW THIS LINE

Hired By _____ Date _____

Start Date _____ Position _____ Hourly Rate _____



General Knowledge Questions

Make a check mark in the corresponding box below

| | Excels | Good | Fair | Poor |
|---|--------|------|------|------|
| Electric Motor Testing, i.e. surge/resistance/hi-pot etc. | | | | |
| Dimensional Measuring with Micrometers to .0001 | | | | |
| Basic Hand Tools | | | | |
| Specialty Hand Tools | | | | |
| Electrical Testing Instruments | | | | |
| Electricity | | | | |
| Welding- MIG/TIG/Stick | | | | |
| Plasma Cutting | | | | |
| Hydraulic Punch Press/ Std. Press | | | | |
| Machining | | | | |
| Electric Motors | | | | |
| Hydraulics | | | | |
| Pumps | | | | |
| How do you rate yourself on Workspace Cleanliness? | | | | |
| Safety | | | | |
| Forklift Operation | | | | |



Please describe below any qualifications and/or experience you may possess that was not addressed in the previous General Knowledge Questions.