

APPLICATION FOR EMPLOYMENT
CIMCO, INC.
8518 ARCH ST.
LITTLE ROCK, AR 72206
PHONE: 501-565-2922 FAX: 501-565-3612

P E R S O N A L	LAST NAME	FIRST	MIDDLE	DATE
	STREET ADDRESS			HOME PHONE
	CITY, STATE, ZIP			CELL PHONE
	HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US?			
	IF YES, WHEN?			
	POSITION DESIRED			PAY EXPECTED
	ARE YOU AVAILABLE FOR FULL TIME WORK?			WILL YOU WORK OVERTIME?
	IF NOT, WHAT HOURS CAN YOU WORK?			
	ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES?			WHEN CAN YOU START?
SPECIAL TRAINING OR SKILLS			BIRTHDATE	

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?
	GRADUATE				
	COLLEGE				
	BUSINESS/TRADE				
	HIGH SCHOOL				

EMPLOYMENT

PLEASE GIVE ACCURATE, COMPLETE FULL-TIME EMPLOYMENT RECORD. START WITH YOUR PRESENT OR MOST RECENT EMPLOYER.

1	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (State Mo. & Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

2	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (State Mo. & Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

3	COMPANY NAME	TELEPHONE
	ADDRESS	EMPLOYED (State Mo. & Year) FROM: TO:
	NAME OF SUPERVISOR	WEEKLY PAY START: LAST:
	STATE JOB TITLE AND DESCRIBE YOUR WORK	REASON FOR LEAVING

WE MAY CONTACT THE EMPLOYERS LISTED ABOVE UNLESS YOU INDICATE THOSE YOU DO NOT WANT US TO CONTACT.

EMPLOYER	REASON

**PROSPECTIVE EMPLOYEES WILL RECEIVE CONSIDERATION WITHOUT DISCRIMINATION
BECAUSE OF RACE, CREED, COLOR, SEX, AGE NATIONAL ORIGIN, HANDICAP OR ANY OTHER STATUS**

MARITAL STATUS	NUMBER OF DEPENDENTS INCLUDING YOURSELF.
HOW LONG AT PRESENT ADDRESS?	SEX
	ARE YOU A U.S. CITIZEN?
IF LESS THAN 2 YEARS, WHAT WAS YOUR PREVIOUS ADDRESS?	
HAVE YOU EVER BEEN BONDED? IF YES, WITH WHAT EMPLOYER?	ARE YOU OVER 18 YEARS OF AGE?
HAVE YOU EVER BEEN CONVICTED OF A CRIME IN THE PAST TEN YEARS, WHICH HAS NOT BEEN ANNULLED, EXPUNGED OR SEALED BY A COURT? IF YES, DESCRIBE IN FULL.	
HAVE YOU EVER FILED A WORKERS COMPENSATION CLAIM? IF YES, DESCRIBE IN FULL.	
STATE NAMES OF RELATIVES AND/OR FRIENDS WORKING FOR US.	

S I G N A T U R E	<p>THE INFORMATION PROVIDED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, CORRECT, AND COMPLETE. IF EMPLOYED, ANY MISSTATEMENT OR OMISSION OF FACT ON THIS APPLICATION MAY RESULT IN MY DISMISSAL.</p> <p>I UNDERSTAND THAT ACCEPTANCE OF ANY OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON THE EMPLOYER TO CONTINUE TO EMPLOY ME IN THE FUTURE.</p> <p>I UNDERSTAND THAT I AM REQUIRED BY LAW TO SUBMIT TO RANDOM DRUG TEST AT ANY TIME MY EMPLOYER REQUESTS.</p> <p>IF YOU DECIDE TO ENGAGE AN INVESTIGATIVE CONSUMER REPORTING AGENCY TO REPORT ON MY CREDIT AND PERSONAL HISTORY, I AUTHORIZE YOU TO DO SO. IF A REPORT IS OBTAINED YOU MUST PROVIDE, AT MY REQUEST, THE NAME OF THE AGENCY SO I MAY OBTAIN FROM THEM THE NATURE AND SUBSTANCE OF THE INFORMATION CONTAINED IN THE REPORT.</p> <p>DATE _____ SIGNATURE _____</p>
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Pre-employment Consent Form

Part of the hiring process includes testing for controlled or illegal substances. If you wish to complete the application process, you must participate in such testing and consent to such testing by signing this form.

Do you consent to testing on a specimen provided by you in order to determine the presence of controlled substances and recognize that the results of an analysis of such specimen will be used to determine suitability for employment?

Yes No

Signature: _____

Date: _____

The testing may detect the presence of controlled substances which you are properly taking pursuant to a doctor's prescription. Therefore, it is important for us to know whether you are currently under such medication and that nature of the medication.

Are you under current medication? Yes No

If so, please give the name of the medication.

Site Rule

Personnel shall be subject to discipline up to and including discharge for use, possession, sale or being under the influence of alcohol or controlled substances while on company premises. The only exception to this rule shall be for an employee using or possessing a controlled substance prescribed by a doctor if such employee has given the personnel director prior notice of such use and/or possession and such use does not impair safe and/or efficient work performance. For purposes of this rule, 'being under the influence of alcohol or controlled substances' means having any measurable quantity in one's system

Consent Form

I hereby authorize Cimco, Inc. to perform a urinalysis or other test to determine the use of alcohol or controlled substances on a specimen provided by me. I recognize that Cimco, Inc. will utilize the report on the results of an analysis of such specimen to determine suitability for continued employment

Signature: _____

Date: _____