

Reiman Corp.
P. O. Box 1007/ 2004 W. College Dr
Cheyenne, WY 82007
(307) 632-8971 FAX: (307) 632-8972

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Reiman Corp is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

REIMAN CORP. CONDUCTS PRE-EMPLOYMENT DRUG TESTING Today's Date _____

Job Applied For: Laborer Flagger Iron Worker Concrete Finisher Carpenter Welder Mechanic
 Truck Driver Crane Operator Heavy Equipment Operator: _____
 Other: _____ (List Equipment you can Operate)

Last Name	First Name	Middle Initial	Telephone Number
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Street Address	City	State	Zip Code
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Mailing Address	City	State	Zip Code
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It is Federal Law and Reiman Corp.'s policy that all employees must be at least 18 years old to work in a hazardous occupation by initialing in the space provided, I certify I am at least 18 years of age: _____

IF YOU ARE NOT, PLEASE STOP HERE AND RETURN THE FORM TO A REIMAN CORP. SUPERVISOR

If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever been employed by Reiman Corp? Yes No If yes, when? _____

Have you gone by another name? If so what: _____ Yes No

Are you willing / available to travel? Yes No

Within the state you live: Yes No Out of the state you live: Yes No

Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your drivers license suspended or revoked in the last 3 years? Yes No

If yes, give details _____

(Information required for Wyoming Labor Preference Act: WYO Statue 16-6-203)

Are you a Wyoming Resident? Yes No **If yes how long? :** _____

LIST SKILLS AND SAFETY TRAINING

List skills, licenses or certification that may be job-related or that you feel would be of value to this job or company:

What machines or equipment can you operate that relate to the job for which you are applying? _____

Have you had any type of safety training? Yes No If so what? _____

Have you ever operated heavy equipment? Yes No Please list all equipment and years experience: _____

Do you have a current CPR or 1st Aide Certificate? Yes No

HOURLY RATE EXPECTED? _____

List names of former employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current or former employers.**

Name of Employer		Job Title and Duties
Address		
City, State, Zip Code		Dates of Employment (Mo/Yr): From ___/___ To ___/___ Are you currently working for this employer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Supervisor(s)	Telephone	Reason For Leaving

Name of Employer		Job Title and Duties
Address		
City, State, Zip Code		Dates of Employment (Mo/Yr): From ___/___ To ___/___
Supervisor(s)	Telephone	Reason For Leaving

Name of Employer		Job Title and Duties
Address		
City, State, Zip Code		Dates of Employment (Mo/Yr): From ___/___ To ___/___
Supervisor(s)	Telephone	Reason For Leaving

Explain any break in employment: _____

Have you ever been fired from a job or asked to resign?..... Yes No

If yes, please explain _____

Give three references, not relatives.

Name	Address	Relationship	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I will be required to successfully pass a drug screening examination. I hereby consent to a pre-employment, random, post-accident, and reasonable cause drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physician examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____