

# APPLICATION FOR EMPLOYMENT for REIMAN CORP

P.O. BOX 1007 2400 West College Drive

DATE: \_\_\_/\_\_\_/\_\_\_

CHEYENNE, WYOMING 82007

TELEPHONE: (307)632-8971 FAX: (307)632-8972

This application form is intended for use in evaluating your qualifications for employment. This is **NOT** an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview and/or on this form are grounds for terminating the application process, or if discovered after employment, terminating employment. Reiman Corp. is an Equal Opportunity Employer. Your application will be considered without regards to sex, marital status, race, age, creed, national origin or the presence of disabilities. Upon offer of employment, Reiman Corp. reserves the right to require completion of a medical history form and a medical examination and/or drug test according to Company Policy.

It is Reiman Corp.'s Policy and Federal Law 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.*

## REIMAN CORP. CONDUCTS PRE-EMPLOYMENT DRUG TESTING

Have you ever been employed by Reiman Corp. before? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, when: \_\_\_\_\_ where? \_\_\_\_\_

WHAT POSITION ARE YOU APPLYING FOR? \_\_\_\_\_ DATE AVAILABLE? \_\_\_\_\_

HAVE YOU SEEN A REIMAN CORP. JOB DESCRIPTION FOR THE POSITION YOU ARE APPLYING?

NAME: \_\_\_\_\_

LAST

FIRST

M.I.

HAVE YOU EVER GONE BY ANOTHER NAME? If so, WHAT: \_\_\_\_\_

SOCIAL SECURITY NO: \_\_\_\_\_ HOME PHONE: ( ) \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DO YOU HAVE A VALID DRIVERS LICENSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF SO, LICENSE #: \_\_\_\_\_ TYPE: \_\_\_\_\_ STATE: \_\_\_\_\_

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU WILLING/AVAILABLE TO TRAVEL? YES NO WITHIN STATE LIVE IN OUT OF STATE

(CIRCLE ALL THAT APPLY)

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

Have you had any type of safety training? If so, What? \_\_\_\_\_

Have you ever operated heavy equipment? \_\_\_\_\_ Please list all equipment and years of experience: \_\_\_\_\_

Do you have a current CPR or 1<sup>st</sup> Aide Certificate? \_\_\_\_\_ YES \_\_\_\_\_ NO

HOURLY RATE EXPECTED? \_\_\_\_\_

**EMPLOYMENT REFERENCES**

**MOST RECENT EMPLOYER** Are you currently working for this employer?  YES  NO

\_\_\_\_\_  
Company Name City State Phone Number

From \_\_\_\_\_ To \_\_\_\_\_  
Employment Dates Job Title Supervisors Name

Duties \_\_\_\_\_

Reason for Termination  
=====

**Second Most Recent Employer**

\_\_\_\_\_  
Company Name City State Phone Number

From \_\_\_\_\_ To \_\_\_\_\_  
Employment Dates Job Title Supervisors Name

Duties \_\_\_\_\_

Reason for Termination  
=====

**Third Most Recent Employer**

\_\_\_\_\_  
Company Name City State Phone Number

From \_\_\_\_\_ To \_\_\_\_\_  
Employment Dates Job Title Supervisors Name

Duties \_\_\_\_\_

Reason for Termination  
=====

**COMMENTS**

I certify and affirm that the information provided on this application is true and correct to the best of my knowledge. I understand if it is determined that there are errors or omissions in this application it will be grounds for termination. I also understand that I may be subject to medical review and/or drug testing should I be offered employment by Reiman Corp.

I further understand that nothing in this employment application or in any other company statement or guidelines, or in my communications with any company official is intended to create an employment contract between the company and me. No promises or guarantees regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the company unless it is made in writing and signed by a company officer. I understand that if an employment relationship is established, I have the right to terminate my employment at any time for any reason, or for no reason at all. I also understand that the company retains the right to terminate my employment at any time for any reason or for no reason at all.

\_\_\_\_\_  
Signature Date