



Power Engineering & Manufacturing Ltd.

2635 WCF & N Dr. ♦ Waterloo, Iowa 50704-4055
 Phone (319) 232-2311 FAX (319) 232-6100
 E-Mail info@PEMLTD.COM ♦ <http://www.pemltd.com>

An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

Date: _____ Social Security Number: _____ Email Address: _____

NAME: _____

LAST

FIRST

MIDDLE

Present Address: How long you have lived at this address?

STREET CITY STATE ZIP Mo/Yrs

Day time phone number: _____ Night phone number: _____

How were you referred to our company? _____

Title of position you are applying for: _____

Date you can start: _____ Salary Desired: _____

Are you employed now? _____ May we contact your employer? _____

Have you ever applied to this company before? _____ When? _____

For Manufacturing applicants only – Please check shifts you are available to work:

1st (7:00am – 3pm)

2nd (3:00pm – 11:00pm)

3rd (11:00pm – 7:00am)

| Education | Name & Location of School | Level Achieved or Degree | Subjects Studied |
|--|---------------------------|--------------------------|------------------|
| High School | | | |
| College | | | |
| Trade, Business or Correspondence School | | | |

FORMER EMPLOYEMENT INFORMATION

List below – Start with the most recent

| Date/Month/Year | Name & Address of Employer | Salary | Job Title and Supervisor Name | Reason for leaving |
|----------------------------|----------------------------|--------|-------------------------------|--------------------|
| FROM: | | | | |
| TO: | | | | |
| Describe Duties performed: | | | | |
| FROM: | | | | |
| TO: | | | | |
| Describe Duties performed: | | | | |
| FROM: | | | | |
| TO: | | | | |
| Describe Duties performed: | | | | |
| FROM: | | | | |
| TO: | | | | |
| Describe Duties performed: | | | | |

Please list other references:

| | | | |
|------|--------------|----------------------|-----------------------|
| Name | Relationship | Address/Phone number | Number of years known |
|------|--------------|----------------------|-----------------------|

| | | | |
|------|--------------|----------------------|-----------------------|
| Name | Relationship | Address/Phone number | Number of years known |
|------|--------------|----------------------|-----------------------|

| | | | |
|------|--------------|----------------------|-----------------------|
| Name | Relationship | Address/Phone number | Number of years known |
|------|--------------|----------------------|-----------------------|

Are you a U.S. Citizen? YES NO Are you a Veteran? YES NO
Have you ever been charged with a crime (other than minor traffic violation)? YES NO
Have you used illegal drugs (including marijuana) in the past 30 days? YES NO
Have you abused legal drugs (excessive alcohol use or prescription painkillers)? YES NO
If yes, please explain: _____

Do you currently have a valid driver's license? YES NO
Will you work overtime if required? YES NO
Have you ever been discharged from a job? YES NO

Identify special skills, experiences or skills which you feel would especially qualify you for a position with PEM: _____

What are your short-term and long-term goals?

While we have a wide variety of jobs with different functions, there are some things that experience has indicated are uniform to the great bulk of positions.

Are you aware of any circumstances that would preclude you, on a regular or periodic basis, from attending the full schedule of work? YES NO

FOR MANUFACTURING POSITIONS ONLY

Are you able to stand for a full 8 hour work day? YES NO
Are you able to engage in repetitive bending? YES NO
Are you able to engage in repetitive twisting? YES NO
Are you able to routinely and repetitively lift up to 50 lbs to waist height? YES NO
Are you able to routinely and repetitively lift up to 30 lbs above your head? YES NO

NOTE: You may be asked specific questions, in addition to those on the previous page, about the functions of the particular position you are seeking. Any indication of limitation or restriction will not preclude employment. You may, however, be asked information about the nature of any limitation for the purpose of determining what types of accommodations may be required to enable you to perform the essential functions of the particular job for which you are applying.

CAUTION: READ BEFORE SIGNING

All persons offered a position at Power Engineering & Manufacturing, LTD. must pass an employment physical, including a drug screen prior to beginning employment.

I authorize investigation of all statements contained in this application. I understand that falsification or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice. I agree to hold Power Engineering & Manufacturing, Ltd. harmless for any result of the reference check.

DATE: _____ SIGNATURE: _____

This company affords equal opportunity to all qualified persons, and no person shall be discriminated against in employment because of age, race, color, religion, sex, national origin, marital status or disability.

Power Engineering & Manufacturing, Ltd. complies with the Drug-Free Workplace Act of 1988. Smoking and use of tobacco products are prohibited inside the building or in company vehicles.



Power Engineering & Manufacturing Ltd.

2635 WCF & N Dr. ♦ Waterloo, Iowa 50704-4055

Phone (319) 232-2311 FAX (319) 232-6100

E-Mail info@PEMLTD.COM ♦ <http://www.pemltd.com>

AFFIRMATIVE ACTION VOLUNTARY INFORMATION

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, and mental or physical disabilities. We also comply with all applicable employment practices and do not discriminate on the basis of any unlawful criteria.

This form is to be completed by the applicant on a VOLUNTARY basis and is not for interview purposes. It is to be filed separately from the application.

In an effort to comply with requirements regarding government record keeping, reporting, and other legal obligations that may apply, we ask that you complete this applicant data survey form. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will **NOT** subject you to any adverse personnel decision or action. Be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information contained will be kept confidential.

Position Applied for: _____ Date: _____
Name: _____ Telephone: _____
Address: _____ City: _____ State: _____

Please check one of the following Equal Employment Opportunity Identification Groups: (VOLUNTARY)

- American Indian/Alaska Native Black (not of Hispanic origin) White (not of Hispanic origin)
 Asian/Pacific Islander Hispanic Other -- National Origin

Please check one of the following Equal Employment Opportunity Identification Groups: (VOLUNTARY)

- Male Female

Veteran/Disabled Status:

- I am an individual with a disability
- I am a special disabled veteran. (A person who is entitled to compensation under laws administered by the Department of Veteran Affairs for disability.)
- I am a veteran of the Vietnam Era. (A person who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and discharged or released with other than a dishonorable discharge.)
- I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized
- I am a recently separated veteran. (This applies to any veteran during the one-year period beginning on the date of discharge or release.)
- I have received the Affirmative Action VOLUNTARY Information form and decline to provide the requested information.**

Applicant Signature: _____ Date: ____/____/____

Office use only

Employment status: Applicant Interviewed Employed