



Power Engineering & Manufacturing Ltd.

2635 WCF & N Dr. ♦ Waterloo, Iowa 50703

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

E-Mail careers@pemltd.com ♦ http://www.pemltd.com

APPLICATION FOR EMPLOYMENT

NAME: _____ Date: _____

LAST

FIRST

MIDDLE

STREET

CITY

STATE

ZIP

Mo/Yrs

Phone Number: _____ Email Address: _____ Social Security No.: _____

Position applying for: _____ Salary Range Expected: _____ Expected Start Date: _____

Are you a U.S. Citizen? YES NO Permanent Resident? YES NO Do you have a valid driver's license? YES NO

Applied to PEM before? NO YES When: _____

Been employed by the Department of Defense? NO YES When: _____ Position title: _____

Are you currently awaiting sentencing of imprisonment for a crime? YES NO

Have you ever been charged with a crime (other than a minor traffic violation)? YES NO

Conviction does not automatically bar a candidate, depending on the job, time, nature of the conviction and related rehabilitation.

How were you referred to our company: PEM Website Iowa Workforce Newspaper: _____

Career Fair: _____ Radio Station _____ College: _____

PEM Employee: _____ Other: _____

Education

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

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

Are you able to perform the essential functions of the job you are applying? YES NO

YES w/accommodation

Below, check the shifts you are available to work:

1st (7:00am – 3pm)

2nd (3:00pm – 11:00pm)

3rd (11:00pm – 7:00am)

FORMER EMPLOYMENT INFORMATION

Date/Month/Year	Most Recent Employer Name & Address	Salary	Job Title and Supervisor Name	Reason for leaving
FROM:				
TO:				
Describe Duties performed:				
May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> Phone Number:				
FROM:				
TO:				
Describe Duties performed:				
FROM:				
TO:				
Describe Duties performed:				
FROM:				
TO:				
Describe Duties performed:				
FROM:				
TO:				
Describe Duties performed:				
Gaps in employment dates? Explain why:				

CAUTION: READ BEFORE SIGNING

IMPORTANT – Incomplete applications will not be accepted for consideration for employment with PEM.

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 of 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.

SIGNATURE: _____

DATE: _____

EQUAL OPPORTUNITY STATEMENT: 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.



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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