

# APPLICATION FOR EMPLOYEMENT



PO Box 387, Borger, Texas 79008  
(806)-274-5221  
[admin@paytonmachine.com](mailto:admin@paytonmachine.com)

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Address (Mailing): \_\_\_\_\_  
Street City State Zip

Emergency Contact: \_\_\_\_\_  
Last Name First Name Relation

\_\_\_\_\_  
Mailing Address City State Zip Phone number

Position(s) Applied for: \_\_\_\_\_

Do you have the legal right to work in the United States? Circle: Yes No

Are you over the age of 18? Circle: Yes No If no, can you provide proof of age? Circle: Yes No

Have you work for Payton Machine & Supply, Inc. Before? Circle: Yes No

Reason for leaving: \_\_\_\_\_

Are you employed now? Circle: Yes No If not how long since leaving last employment? \_\_\_\_\_

Who referred you? \_\_\_\_\_ Desired wages or salary: \_\_\_\_\_

Are you able to perform essential functions of the job you are applying for with or without reasonable accommodations? Circle: Yes No

What reasonable accommodations, if any, would you require? \_\_\_\_\_

Have you ever been convicted of a crime, including traffic violations? Yes No

If yes, please explain \_\_\_\_\_

Do you have a valid drivers license? Yes No Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_

**Education:**

Circle Highest Completed Grade:      High School 1 2 3 4      College: 1 2 3 4

Last School Attended: \_\_\_\_\_

**Employment History:** (List most recent first)

Employer:	Phone #:	State Date:
Address:	Job Title:	End Date:
Job Tasks:	Hourly Rate/ Salary:	
Reason for leaving:		
May we contact this employer?    Yes            No		

Employer:	Phone #:	State Date:
Address:	Job Title:	End Date:
Job Tasks:	Hourly Rate/ Salary:	
Reason for leaving:		
May we contact this employer?    Yes            No		

Employer:	Phone #:	State Date:
Address:	Job Title:	End Date:
Job Tasks:	Hourly Rate/ Salary:	
Reason for leaving:		
May we contact this employer?    Yes            No		

**Trainings/Qualifications/Experience:**

Check those skills that you have. List any other skills that may be useful for the job you are seeking. Enter the number of years of experience

Check	Skills	Year of Experience
( )	Manual Machining/ Lathe Operation	
( )	CNC Machining/ Lathe Operation	
( )	CNC Machine/ Lathe Programing	
( )	Mechanic	
( )	Heavy Equipment Mechanic	
( )	Oilfield Mechanic	
( )	Mill-wright	
( )	Welding (Certification: _____)Fill in	
( )	Hydraulics	
( )	CDL Truck Driver w/ Valid CDL	
( )	Crane Operator w/ certification	
( )	Other:	
( )	Other:	

Please provide any other information you believe should be considered:

**To be read and signed by applicant:**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I understand that any false information, misrepresentations or omissions on this application, on other written materials, or provided during any interviews will lead to the rejection of my application or, if I am employed, discipline up to and including termination at the time such false information or omission is discovered. I understand that this application form is intended for use in evaluating my qualifications for employment and that this application is not an offer of employment. I further understand that if hired, my employment will be considered "at-will" and that my employment may be terminated for any reason, with or without cause or notice, at any time by me or the Company and that this application is not intended to constitute a contract of continued employment. I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice.

I understand that additional testing for the presence of drugs may be required prior to employment. I also understand that after an offer of employment and prior to reporting to work, I may be required to submit to a medical review and depending on Company policy and the specific job description, I may be required to complete a medical history form and be examined by a medical professional designated by the Company. I also understand that I may not be under the influence of drugs or alcohol during employment and that if Company policy so requires, I may be required to submit to drug and/or alcohol testing at an approved testing facility at any time.

I authorize the Company and/or its agents, to investigate and verify any of the information provided by me. I authorize my former employers, educational institutions, references and any relevant agencies to provide information to the Company and/or its agents concerning my background and experience. I release the Company and all parties providing information to the Company about my background and experience from any liability whatsoever arising therefrom.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

This application will only be considered for 90 days. If you have not been hired within 90 days of filling out this application and you wish to be considered for future employment, then you must complete a new application.