

APPLICATION FOR EMPLOYMENT



PO Box 387, Borger, Texas 79008
(806)-274-5221
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: _____ Phone #: _____
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.

Please return with employment application.

Applicant Notification/ Release of Information

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county, and federal courts and military services to release information record, and general public record history to the person or company with which this form has been filed. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this consumer report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) if the request is made in writing within 60 days of the adverse action. If an Investigative consumer report is conducted, I will be notified in writing with in three days from request of said report. I believe to the best of my knowledge that all information I have proved is accurate true and correct and that I fully understand the terms of this release.

Please write clearly in black ink only.

Name (Last) _____ (First) _____ (Middle) _____

List any other name used in the last 7 years _____

Date of birth _____ / _____ / _____ Social security Number _____ - _____ - _____

Drivers License # _____ State _____ Phone # (_____) _____ - _____

Professional License held _____ State _____ License # _____

List your current mailing address as well as any other cities or towns you have lived in the past 7 years.

Street or PO # _____ City _____ State _____ Zip _____

City _____ State _____ Zip _____ Dates _____ / _____ to _____ / _____

City _____ State _____ Zip _____ Dates _____ / _____ to _____ / _____

City _____ State _____ Zip _____ Dates _____ / _____ to _____ / _____

City _____ State _____ Zip _____ Dates _____ / _____ to _____ / _____

Your Signature _____ **Today's Date** _____ / _____ / _____