



P.O. Box 719
Pounding Mill, VA 24637
P. 276.964.6745
F. 276.964.6749
www.simmonsequip.com

APPLICATION FOR EMPLOYMENT

*All applications are for full time positions. This application must be filled out by the named applicant.
Please print legibly.*

Applicant's Full Name: _____

JOB(S) FOR WHICH YOU ARE APPLYING:

PERSONAL INFORMATION

Phone Number: _____

Current Address: _____

Social Security Number (The information is utilized to confirm that you are legally employable within the United States): _____

Have you ever been convicted of a felony, or a misdemeanor involving any violent act, use or possession of a weapon or act of dishonesty for which the record has not been sealed or expunged?

Yes _____ No _____

If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case. (This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.)

Are you currently out on bail, the subject of a current warrant for arrest or released on your own recognizance pending trial? Yes _____ No _____

Highest grade attended:

List all trade schools, junior college, college, universities attended (if not applicable, answer “Not Applicable”):

Degree(s) (if not applicable, answer “Not Applicable”):

CERTIFICATIONS

List all previous and current certifications including:

- Electrician, qualified person - electrical, qualified diesel instructor, qualified welder
- The date the (applicable) certification was issued;
- The date the (applicable) certification expires or expired; and
- The Issuing State.

Certification	Date of Issuance	Expiration Date	Issuing State

WORK EXPERIENCE

Are you currently employed (check as applicable)? Yes ____ No ____

Name of Current Employer (as applicable)? _____

Your current position: _____

Your base rate of pay:

Available bonus programs (such as safety and production programs):

May we contact your employer (check as applicable)? Yes ____ No ____

(If so) please provide the name and contact information of your immediate supervisor:

List all previous employers, including:

- The name of employer;
- The (applicable) date you started and left employment (your “Employment Dates”);
- Your position(s):
- Your reason for leaving; and
- The name of your immediate supervisor.

Continued on next page.

SPECIAL SKILLS, TRAINING AND EXPERIENCE

List any special skills that may be relevant to your job application:

List any special training that may be relevant to your job application:

List any special experience that may be relevant to your job application:

REFERENCES

List the name address and phone number of at least three references in the spaces indicated below. Do not list any relatives (such as parents, brothers, sisters, uncles, aunts, cousins or in-laws).

ESSENTIAL JOB FUNCTIONS

Can you perform the essential functions of the job(s) you are applying for without reasonable accommodation (check as applicable)? Yes_____ No_____

Can you perform the essential functions of the job you are applying for with reasonable accommodation (check as applicable)? Yes _____ No_____

If you require reasonable accommodation to ensure full participation in our recruitment and selection process, please provide a description of the desired accommodation in the space indicated below.:

ACKNOWLEDGEMENT

My signature below certifies that all information contained in this application is true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I acknowledge that falsifications or misrepresentations will disqualify me from consideration for employment or, if hired, will be grounds for termination. I give my permission for you to contact my past employers and references listed in this application.

Signature of Applicant

Date