

# APPLICATION FOR EMPLOYMENT

## SIMMONS EQUIPMENT COMPANY

847 Steeles Lane  
 Tazewell, VA 24651  
 Phone: 276.991.3344 Fax: 276.226.2396

(Please Print)

**Name** \_\_\_\_\_  
(Last) (First) (Middle)

**Address** \_\_\_\_\_  
(Street, City, State & Zip Code)

**Telephone** (Check which preferred) Home \_\_\_\_\_ Business \_\_\_\_\_

**Position Desired** \_\_\_\_\_ (Check One) **Full-Time** **Part-Time** **Other**

**Date Available** \_\_\_\_\_ **Salary/Compensation Required** \_\_\_\_\_

**Referral Source:** **Unemployment Agency** **Newspaper Ad** **Internet**  
**School/College** **Employee Referral** **Walk-in Applicant**

Are you less than 18 years of age? **Yes** **No**  
 Have you ever applied for a position with us? **Yes** **No** If "yes", when? \_\_\_\_\_  
 Have you ever been employed by us? **Yes** **No** If "yes", when? \_\_\_\_\_  
 Do you have a relative working here? **Yes** **No** If "yes", state identity & relationship \_\_\_\_\_  
 Are you currently employed? **Yes** **No**

### EDUCATIONAL DATA

| School                                    | Print Name, Address, City, State and Zip Code for each School listed | No. of Yrs. Completed | Degree | Major Course of Study |
|---|--|-----------------------|--------|-----------------------|
| High School                               |  |                       |        |                       |
| College                                   |  |                       |        |                       |
| Graduate School                           |  |                       |        |                       |
| Trade, Business, Night, or Correspondence |  |                       |        |                       |
| Other                                     |  |                       |        |                       |

Simmons Equipment Company is an EQUAL OPPORTUNITY EMPLOYER

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## EMPLOYMENT HISTORY

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In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet. You are also encouraged to attach a current resume, if one exists.

|                              |                                |                                   |
|------------------------------|--------------------------------|-----------------------------------|
| <b>1. Employer</b>           | <b>Employed</b>                | <b>Starting Position</b>          |
| <b>Address</b>               | <b>From</b> _____ <b>Mo/Yr</b> | <b>Last Position</b>              |
| <b>Telephone</b>             | <b>To</b> _____ <b>Mo/Yr</b>   | <b>Other Positions Held</b>       |
| <b>Starting Salary</b> _____ | <b>Final Salary</b> _____      | <b>Immediate Supervisor</b> _____ |
| <b>Duties</b>                |                                |                                   |
| <b>Reason for Leaving</b>    |                                |                                   |

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|                              |                                |                                   |
|------------------------------|--------------------------------|-----------------------------------|
| <b>2. Employer</b>           | <b>Employed</b>                | <b>Starting Position</b>          |
| <b>Address</b>               | <b>From</b> _____ <b>Mo/Yr</b> | <b>Last Position</b>              |
| <b>Telephone</b>             | <b>To</b> _____ <b>Mo/Yr</b>   | <b>Other Positions Held</b>       |
| <b>Starting Salary</b> _____ | <b>Final Salary</b> _____      | <b>Immediate Supervisor</b> _____ |
| <b>Duties</b>                |                                |                                   |
| <b>Reason for Leaving</b>    |                                |                                   |

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|                              |                                |                                   |
|------------------------------|--------------------------------|-----------------------------------|
| <b>3. Employer</b>           | <b>Employed</b>                | <b>Starting Position</b>          |
| <b>Address</b>               | <b>From</b> _____ <b>Mo/Yr</b> | <b>Last Position</b>              |
| <b>Telephone</b>             | <b>To</b> _____ <b>Mo/Yr</b>   | <b>Other Positions Held</b>       |
| <b>Starting Salary</b> _____ | <b>Final Salary</b> _____      | <b>Immediate Supervisor</b> _____ |
| <b>Duties</b>                |                                |                                   |
| <b>Reason for Leaving</b>    |                                |                                   |

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**ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY**

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(In responding to these inquiries continue on a separate sheet if you require additional space)

1. **May we contact your present employer?**      **Yes**      **No**      **Previous employers?**      **Yes**      **No**  
Please identify any exceptions and reasons for not contacting.

2. **In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?**      **Yes**      **No**  
If "yes", identify name(s) and relevant dates:

3. **Have you ever been dismissed or forced to resign from any employment?**      **Yes**      **No**  
If "yes", please explain:

4. **Except for vacations and holidays, how many workdays were you absent during the past calendar year?**  
                    **0 – 10 days**                      **10 – 15 days**                      **15 – 20 days**                      **More than 21 days**  
**During the prior year?**  
                    **0 – 10 days**                      **10 – 15 days**                      **15 – 20 days**                      **More than 21 days**  
**Comments:**

5. **If there have been any gaps in your employment during the last five years, please provide details in the space provided here:**

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**MILITARY EXPERIENCE**

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|   |             |           |                     |
|---|-------------|-----------|---------------------|
| <b>Have you ever served in the U.S. Armed Forces?</b>   | <b>Yes</b>  | <b>No</b> |                     |
| <b>Branch</b>   | <b>From</b> | <b>To</b> | <b>Highest Rank</b> |
| Describe any special job-related training you received: |             |           |                     |

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**OTHER SPECIAL SKILLS**

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Describe any other special job-related skills or qualifications (e.g., foreign languages, computers, professional associations, etc.) that would support your application:

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**EXPERIENCE SUMMARY** (For clerical and administrative functions only.)

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Indicate below the kinds of work which you have done:

|                     |           |             |                     |
|---------------------|-----------|-------------|---------------------|
| Typing (wpm _____ ) | Shorthand | Switchboard | Fax & Copy Machines |
| Filing              |           | Computers   | Types:              |
| PC Programs:        |           |             |                     |

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**GENERAL INFORMATION**

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- |    |   |     |    |                |
|----|---|-----|----|----------------|
| 1. | If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. Citizenship or verification of your legal right to work in the U.S.?                                      | Yes | No |                |
| 2. | If employment is offered, can you produce identification such as an U. S. Passport, a driver's license or photographic identification card issued by the State?   | Yes | No |                |
| 3. | Are you over 18 years of age?   | Yes | No |                |
| 4. | Have you been convicted of a felony within the last 5 years?<br>(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.)<br>If "yes", please explain: | Yes | No |                |
| 5. | If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?   | Yes | No | Not Applicable |
| 6. | Are you willing to work overtime as required?   | Yes | No | Not Applicable |

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**APPLICANT'S STATEMENT**

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I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later time.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I authorize the Company and any consumer or credit reporting agency or bureau employed by the Company to make a consumer credit report in connection with this application. In the event I receive an offer of employment, I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential function of the job with or without reasonable accommodations and to do so without creating substantial harm to myself or others.

I understand that if I receive an offer of employment, it may be conditioned on my taking a drug/alcohol test. I may also be required to take such a test after I am employed by the Company. I understand that, should any such test indicate the presence of drugs or alcohol in my system (or should I refuse to take such a test, it may result in the rejection of my application for employment or my immediate discharge. I consent to this testing and request that the results of any such test be disclosed to the Company. I hereby covenant not to sue and release the Company, its employees, owners and agents, from any and all legal liability flowing from my taking such tests or my failure or refusal to take such test.

I understand that nothing contained in this application, or conveyed during an interview which may be granted, is intended to create an employment contract. I further agree that if I am hired, my employment is for no definite period and may be terminated at any time, without prior notice, at the option of either myself or the Company. I further understand that no representative of the Company has the authority to make assurances to the contrary.

If hired, I agree to abide by all Company work rules, policies and procedures relating to work performance and conduct.

I understand that according to federal law all individuals who are hired must as a condition of employment, produce certain documentation to verify their identity and U.S. Citizen status or if aliens, their legal authorization to work in the U.S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the period required by law.

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(Signature of Applicant)

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(Date)

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**IN CASE OF EMERGENCY OR ACCIDENT, whom shall we notify?**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Business Address \_\_\_\_\_

Home Telephone \_\_\_\_\_

Business Telephone \_\_\_\_\_

## **NOTICE TO ALL JOB APPLICANTS/EMPLOYEES**

### **DRUG SCREENING REQUIREMENT**

Simmons Equipment Company has a vital interest in maintaining a safe, healthful and efficient work environment. Involvement with drugs adversely affects job performance and workplace safety. Employees are expected to be at work in a physical and mental condition that enables them to properly and efficiently perform the functions of their job. The manufacture, possession, use or sale of an illegal drug in the workplace also poses unacceptable risks for safe, healthful and efficient operations, as does working under the influence of drugs or alcohol.

Simmons Equipment Company maintains pre-employment and post-employment screening practices designed to identify individuals who use illegal drugs or who use legal drugs with the potential for impaired or unsafe job performance. **All applicants for employment are required to submit to screening procedures to determine the presence of drugs. In addition, all employees are subject to and may be required to submit to random screening procedures to determine the presence of drugs and/or alcohol.** Applicants who currently use illegal drugs will be denied employment and employees who are found using illegal drugs or abusing legal drugs will be disciplined up to and including immediate discharge.

Where use of a legal, mood-altering drug is detected, job applicants or employees may be required to offer proof that the drug has been prescribed by a physician and is being properly used. If such proof is not provided, employment will be denied, or a current employee will be disciplined up to and including immediate discharge. The continued use of a legal prescription drug will be evaluated with respect to the applicants or employee's ability to perform the essential functions of his or her job without safety risk or job impairment.

The applicants/employees written consent to submit to a drug test is required as a condition of employment. Refusal to submit to such test shall result in denial of employment or immediate discharge.

Test results will be kept confidential. The results will be made available to applicants and employees who are tested. Any challenge of such test results must be made within five (5) calendar days after notification of test results and any expense incurred in this regard will be the responsibility of the applicant or employee.

# DRUG SCREENING RELEASE

I have received a copy of and have reviewed the document “**A Notice to All Job Applicants/Employees - Drug Screening Requirement**”. In accordance with the provisions of this document, I voluntarily consent to tests for the current use of drugs and/or alcohol and release Simmons Equipment Company and the examining doctors and/or other authorized personnel from all liability for any damages whatsoever, arising from or connected in any way with such tests.

I hereby authorize the doctor, hospital, clinic, laboratory, or institution to furnish to Simmons Equipment Company, or its representative, the results of such tests and release Simmons Equipment Company and all such doctors, hospitals, clinics and institutions from all liability for any damages whatsoever in furnishing such results and information.

I understand that any challenge I may make of these test results must be made within five (5) calendar days after I am notified of the test results. I also understand that any expense incurred in challenging a positive test will be my responsibility.

**Print Full Legal Name** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Applicant or Employee)

**Signature of Full Legal Name** \_\_\_\_\_  
(Applicant or Employee)

**Social Security Number** \_\_\_\_\_  
(Applicant or Employee) (Optional)

**Signature of Witness** \_\_\_\_\_

# AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK

Applicants Full Name \_\_\_\_\_

Applicants Social Security Number \_\_\_\_\_ (Optional)

I, the undersigned, an applicant with Simmons Equipment Company, hereinafter called **Employer**, do hereby authorize any person, firm, corporation or other entity to furnish any information requested by Employer or its agent, RefCheck Information Services, Inc., concerning myself including, but not limited to, my employment, skill and work habits, ability to perform the essential functions of the job for which I have applied, academic records, criminal records, character, and legal history. I further release, discharge and hold harmless Employer and its Agent, and any party delivering information to Employer or its Agent pursuant to this authorization, from any liability, claims, charges, costs or causes of action which I or my heirs, executors or assigns may have as a result of the delivery, disclosure, non-disclosure or omission of any information in connection herewith.

I further understand and agree that the information for this reference check may be obtained through interview with parties having information which pertains to me and my history, and through requests to former employers, law enforcement agencies, academic institutions, credit reporting agencies, financial sources, governmental agencies or any other entities.

Should Simmons Equipment Company employ me, I hereby agree to submit to periodic checks of my background by Employer or RefCheck Information Services, Inc., at Employers sole discretion, which may include inquiries to the same magnitude and extent as authorized in this authorization. The timing of the subsequent periodic checks shall be the sole discretion of Simmons Equipment Company. I further agree that if I attempt to withdraw this authorization during my employment with Simmons Equipment Company, said withdrawal shall be deemed justification for immediately terminating my employment.

**By signing this authorization, I hereby acknowledge that I fully understand and agree to all of the terms and conditions herein stated and that this authorization and agreement is my free act and deed. Further, I understand that no company document or statement made should be construed as direct, implied, or inferred contracts of employment between myself and this Employer, and that, if employed, my employment is for no definite period and that my employment and compensation can be terminated with or without cause and with or without notice at any time, at the option of either me or the Employer.**

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_