

T & M MANUFACTURING, INC.

1110 N. 1000 W.
Tremonton, Utah 84337
435-257-1400
Fax: 435-257-0714

EMPLOYMENT APPLICATION

Only applicants completing original applications will be considered. This application is current only for thirty (30) days, at the conclusion of which time, if you have not heard from us and still wish to be considered for employment, it will be necessary to fill out a new application.

The following information is requested to help us make the best possible placement of employees within the Company. All portions of this application pertaining to you must be completed. We appreciate the time you spend completing this application. T&M Manufacturing, in accordance with state and federal laws, does not discriminate on the basis of age, race, religion, color, sex, national origin, ancestry, disability, or any other characteristic protected by law.

Personal Information:

NAME (Last)	(First)	(Middle)
ADDRESS (Street)	(City) (State)	(Zip)
HOME PHONE #	MESSAGE PHONE#	

If hired, can you show proof of legal authorization to work in the United States?..... YES NO

Are you at least 18 years of age?..... YES NO

Are you 21 years of age, or older?..... YES NO

If you are hired, when can you begin work? _____

Please indicate shifts (DAY, NIGHT, SWING) you are NOT willing to work. _____

Are willing and able to work overtime, holidays, and weekends?..... YES NO

Have you been convicted of a felony as an adult?(A conviction will not necessarily disqualify you from employment)..... YES NO

If yes, please explain. _____

How were you referred to our company? _____

Do you have any physical limitations that would prevent you from lifting 75-100 pounds?..... YES NO

If yes, please explain: _____

Are you physically able to perform the functions of the job:..... YES NO

If no, please explain: _____

Education	School	# of years	Degree	Major
HIGH SCHOOL				
COLLEGE				
OTHER				

Positions you are applying for: _____

1. _____ Minimum wage accepted _____ per _____

2. _____ Minimum wage accepted _____ per _____

3. _____ Minimum wage accepted _____ per _____

Relevant Experience

Type of Labor/Equipment	Model of Equipment

Employment Record

Date of Employment (Month/Year From To Phone #	Name/Address of Employer and Supervisor	Job Title and Responsibility	Reason for Leaving
	1.		
	2.		
	3.		

Is the employer listed in position #1 your current employer?..... YES NO

If YES, may we contact this employer?..... YES NO

Disclosure and Authorization Release

I authorize the previously listed companies and its employees and representatives to provide any pertinent information they think appropriate, including any information about my employment, job performance, and related matters to any representative of T&M Manufacturing. This information may be provided either verbally or in writing. In addition to authorizing the release of any information about my employment, I hereby fully waive any rights or claims I have or may have against any previously listed company and T&M Manufacturing and their agents, employees, and representatives and release the previously listed companies and T&M Manufacturing and their agents, employees, and representatives from any and all liability, claims, or damages that may directly or indirectly result from the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

Applicant's Signature

Printed Name

Date

PLEASE READ ALL OF THE FOLLOWING BEFORE SIGNING

I certify that the information shown on this application and resume, if submitted, is correct and complete to the best of my knowledge, and that I have not knowingly withheld any fact or circumstance. I understand that falsifying or omitting information on this form or resume, if submitted, may cause me to be disqualified from further consideration or dismissed from employment.

All employment offers are made contingent upon satisfactory proof of legal authorization to work in United States according to the law. I understand that failure to provide satisfactory proof of identity and authorization to work in the United States will disqualify me from employment.

I understand that, if hired, my status will be that of an employee at will, with no contractual right, express or implied, to remain employed. In consideration of my employment, I specifically agree that my employment may be terminated, with or without cause or notice, at any time, at the option of either the employer or myself. I understand that no individual has the authority to act in behalf of the company in entering into any agreement for employment on my behalf. Only the Chief Executive Officer, in writing, may enter any agreement for employment on my behalf or make any agreement contrary to the foregoing.

I understand that T & M Manufacturing may conduct an investigation into my background and the information presented on my employment application, references, resume (if submitted), and other information pertaining to my application for employment. I authorize T & M Manufacturing to conduct such an investigation and waive and release T & M Manufacturing and its agents, employees, and representatives from any and all liability, claims or damages that may directly or indirectly result from this investigation including the use, disclosure, or release of any information by any person or party, whether such information is favorable or unfavorable to me.

Applicant Signature: _____ Date: _____

Printed Name: _____

CONSENT TO CONTROLLED SUBSTANCE TESTING

I understand that in its commitment to maintain a safe and productive workplace, the Company has established a "Drug Free Workplace and Testing Policy". I understand that as a condition of employment, I must comply with this policy and agree that I will remain medically qualified by following the procedures contained therein. If I develop a problem with alcohol or drug abuse during my employment, I will seek assistance through the current alcohol and drug testing program coordinator.

I, hereby, voluntarily consent to forensic drug and alcohol testing to be conducted by Company designated physicians and/or other appropriate medical personnel contracted to perform this service by the Company. I specifically voluntarily consent to the taking of samples of my blood, urine, breath, and any other samples for testing to determine the presence of drugs and/or alcohol in my system. I voluntarily authorize the release of medical information concerning the results of my physical examinations and tests to Company supervisors and management who will use it to determine if I am in compliance with the applicable Company policies. I agree to hold the Company, collectors, the laboratory, and Medical Review Officer (MRO), harmless from any liability arising from collecting specimens, testing, and using the results in connection with my job. I agree that a reproduced copy of this consent and release form has the same force as the original I understand that refusal by me to sign this consent will be cause for disciplinary action, including discharge or ineligibility for employment.

Applicant Signature: _____ Date: _____

Printed Name: _____ Soc. Sec. #: _____