



Reno Machine Company

EMPLOYMENT APPLICATION

Thank you for your interest in joining our team.

Please answer all questions. Résumés are not a substitute for a completed application.

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed servicemember status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

Applicant Information

Full name: _____ Date: _____
Last First M.I.

Address: _____
Street Apt/Unit #

City State Zip Code

Phone: _____ Email: _____

Position applying for: _____

Employment type desired: ☐ Full-Time ☐ Part-Time ☐ Temporary (Specify Hours) _____

Available Start Date: _____ Are you willing to work overtime? ☐ Yes ☐ No

How did you find out about this position?

☐ Current employee ☐ Our website ☐ Career fair ☐ Social media ☐ Search engine

☐ Other - please explain: _____

Have you previously applied for employment with this Company? ☐ Yes ☐ No

If Yes, when and where did you apply? _____

Have you ever been employed by this Company? ☐ Yes ☐ No

If Yes, provide dates of employment, location and reason for separation from employment: _____

If under the age of 18, can you produce the necessary work certificate at the time of employment? ☐ Yes ☐ No

If applicable, below list any other names by which you have been known which may be necessary to allow us to confirm your work and educational record. For example, change of name, use of an assumed name, nickname, etc.

Education

Education	School Name and Location (Address, City, State)	Course of Study or Major	Graduate? Y or N	# of Years Completed	Honors Received
High School					
College					
Graduate/ Professional					
Trade or Correspondence					

Other training, certifications or licenses held: _____

Work Experience

Please list the names of your present and/or previous employers in chronological order with present or most recent employer listed first. Provide information for at least the most recent ten (10) year period. Attach additional sheets if needed. If self employed, supply firm name and business references. You may include any verifiable work performed on a volunteer basis, internships, or military service. Your failure to completely respond to each inquiry may disqualify you for consideration from employment.

Do not answer "see résumé".

Employer Name: _____

Address: _____
Street
City
State
Zipcode

Type of Business: _____

Phone: () _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title: _____ Duties: _____

Supervisor's Name: _____ Reason for Leaving? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

How much notice did you give when resigning? If none, explain. _____

Work Experience

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Address: _____
Street
City
State
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Phone: () _____ Dates Employed: From ____/____/____ To ____/____/____

Job Title: _____ Duties: _____

Supervisor's Name: _____ Reason for Leaving? _____

What will this employer say was the reason your employment terminated? _____

Were you ever disciplined? If so, for what? _____

How much notice did you give when resigning? If none, explain. _____

Work Experience Continued

Have you ever been terminated or asked to resign from any job?

☐ Yes ☐ No

Has your employment ever been terminated by mutual agreement?

☐ Yes ☐ No

Have you ever been given the choice to resign rather than be terminated?

☐ Yes ☐ No

If you answered Yes to any of the above three questions, please explain the circumstances of each occasion.

References

Please list the names of additional work-related references we may contact. Individuals with no prior work experience may list school or volunteer-related references.

Name	Position	Company	Work Relationship (i.e. supervisor, co-worker)	Phone Number

Please list the names of personal references (not previous employers or relatives) who you know that we may contact.

Name	Occupation	Address	Phone Number	Number of Years Known

DRIVING INFORMATION

Complete only if driving is an essential function of the job for which you are applying.

Do you have a current valid driver's license? ☐ Yes ☐ No

If yes, License No.: _____ State _____ Expiration Date: _____

If you do not have a driver's license for the state in which you currently reside, why not?

Has your license ever been suspended or revoked? ☐ Yes ☐ No

If yes, explain: _____

Do you have personal automobile insurance? ☐ Yes ☐ No

If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended?

☐ Yes ☐ No If yes, explain: _____

Please list all moving traffic violations in the last five (5) years:

Offense	Date	Location	Comments

APPLICANT CERTIFICATION

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside.

I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law.

If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers).

I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement.

I certify that all the information on this application, my resume, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT-EXPRESS OR IMPLIED- WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or resume as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports."

I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF SIXTY (60) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.

DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THE APPLICATION.

Applicant Signature _____ **Date** _____

If the applicant is a minor, the foregoing release and consent must be signed by the applicant's parent or legal guardian. Signature by the applicant's parent or legal guardian constitutes acknowledgement by the applicant and the parent or legal guardian that the Company, to the extent permitted by federal, state, and local law, can test the applicant for illegal or controlled substances, conduct inspections of property without notice, and communicate test results to Company personnel who need to know, the applicant, and the applicant's legal guardian.

Parent/Legal Guardian

Witness

Date

Date

Voluntary Self Identification Form (Applicant)

Name: _____ Date: _____

Signature: _____

Voluntary Self-Identification of EEO Status

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-I report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms with your application of employment.

GENDER: () Male () Female

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

() **Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

() **White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

() **Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

() **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

() **Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

() **American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment

() **Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above five races.

Voluntary Self Identification Form (Applicant)

APPLICANT VETS Self-ID:

We are a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows and are hereafter referred to all together as "protected veterans":

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty
- in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

- ☐ I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERANS LISTED ABOVE
- ☐ I IDENTIFY AS A VETERAN, JUST NOT A PROTECTED VETERAN
- ☐ I AM NOT A VETERAN
- ☐ I DO NOT WISH TO SELF-IDENTIFY

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.