



APPLICATION FOR EMPLOYMENT

The Material Works, Ltd. • 101 South Main Street • Red Bud, Illinois 62278 • (618) 282-4200

TMW considers all qualified applicants without regard to Race, Color, Religion, National Origin, Sex, Age, Disability, or Veterans Status. WE ARE AN EQUAL OPPORTUNITY EMPLOYER

PLEASE READ CAREFULLY * PRINT CLEARLY * ANSWER ALL QUESTIONS

GENERAL INFORMATION		
Full Name (First, Middle, Last)	E-mail (optional)	Phone # (Required)
Present Address <i>(Street, City, State, Zip)</i>		Period of Residence
Previous Address <i>(Street, City, State, Zip)</i>		Period of Residence

Position Applying For	Earnings Expected	Are you under the age of 18? (Y/N)
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Available to Work	How did you discover our Company?	Are you either a United States Citizen or an alien authorized to work in the United States?	To the extent permitted by law, are you willing to submit to testing for illegal drug/alcohol detection?
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Days <input type="checkbox"/> Evenings <input type="checkbox"/> Other _____	<input type="checkbox"/> Internet <input type="checkbox"/> Newspaper <input type="checkbox"/> Walk-in <input type="checkbox"/> Employee <input type="checkbox"/> Friend or Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Have you ever been employed with this company before?	If yes, list dates of employment	Reason for Leaving
<input type="checkbox"/> Yes <input type="checkbox"/> No	From: To:	

Have you served in the United States Armed Forces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, list dates of service	From:	To:	Branch of Service	Rank when discharged	
Types of duties performed						Reserve Status	

Why do you want to work for The Material Works?

BACKGROUND INFORMATION

Your background and work history will be discussed with you if you are interviewed.
Please answer all the following questions with YES or NO.

Have you ever been:			
Placed on probation or terminated for poor job performance?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disciplined or fired for fighting, assault, or similar offenses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disciplined or discharged for violating a safety rule?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disciplined or discharged for being under the influence of alcohol or drugs, or for possession, use or abuse of alcohol or drugs during the course of employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disciplined or fired for insubordination?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:		
Disciplined or terminated for absenteeism, tardiness, failure to notify your company when absent, or any attendance-related reason not related to serious health conditions?			
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:		
Convicted of a felony?		(A conviction will not necessarily be a bar to employment; factors such as age and time of the offense, nature of the violation, and rehabilitation will be taken into account)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, please explain:		

PERSONAL REFERENCES			
Name of Reference <i>(other than relatives)</i>	Relationship	Street Address, City, State, Zip	Telephone # <i>(Including area code)</i>

EMPLOYMENT HISTORY

The following work experience section must be completed even if accompanied by a resume.
You may also include any verified voluntary work. Start with present or last job.

Current Job (or Most Recent)

Employer:		Phone #:		Address:	
City:		State:		Zip:	
Employment Dates:		Full/Part Time:		Salary: (Start/End)	
Position or Special Duties:					
Reason for Leaving:					
Supervisor Name:		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

2nd most recent Job (prior to Current)

Employer:		Phone #:		Address:	
City:		State:		Zip:	
Employment Dates:		Full/Part Time:		Salary: (Start/End)	
Position or Special Duties:					
Reason for Leaving:					
Supervisor Name:		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

3rd Most Recent Job

Employer:		Phone #:		Address:	
City:		State:		Zip:	
Employment Dates:		Full/Part Time:		Salary: (Start/End)	
Position or Special Duties:					
Reason for Leaving:					
Supervisor Name:		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

4th Most Recent Job

Employer:		Phone #:		Address:	
City:		State:		Zip:	
Employment Dates:		Full/Part Time:		Salary: (Start/End)	
Position or Special Duties:					
Reason for Leaving:					
Supervisor Name:		May we contact this employer?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATIONAL DATA					
School Name		City & State	Degree or last grade level completed	Area of specialty	GPA
Grade School					
High School					
College University					
Graduate School					
Trade Business or Other					

List other skills that would be helpful to us in considering your application for employment.

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. You may exclude the names of organizations, the name of which indicates the race, creed, gender, age, marital status, color, national origin, or sexual orientation of its members.

MECHANICAL TEST

Applicants are required to complete a mechanical test because our business requires high mechanical ability. This is not an intelligence test. Low test scores do not reflect on one's personal character or overall talent.

Test is available on a walk-in basis from 8:00am - 3:00pm M-F at TMW's Office:

**101 South Main St.
Red Bud, IL 62278
618-282-4200**

No appointment necessary. Test typically takes 1.5 - 2 hours to complete.

READ CAREFULLY

This company is an Equal Opportunity/Affirmative Action Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disabilities or status as Vietnam era or special disabled veteran in accordance with Federal law. We also comply with applicable federal, state, and local laws prohibiting discrimination in employment in each location in which it maintains facilities. We also provide reasonable accommodations to individuals with disabilities in accordance with applicable laws. In connection with your application for employment, you may be required to take a written pre-employment test. We will provide accommodations in the testing process for disabled individuals. If you require any accommodations in the testing process, please notify your personnel interviewer.

APPLICANT STATEMENT

It is understood and agreed the information that I have provided on this application is true and complete to the best of my knowledge. Any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interview, can be justification for refusal of employment, or, if employed, termination from the company's employment.

I give the company the right to investigate all references, including past employers, and to secure additional information about me, if job related. In connection with your application, certain positions require an investigative report which may include a credit report, criminal record report, and a motor vehicle report. I hereby release the company and its representatives from liability for seeking such information as well as all those who furnish such information.

I understand that I am subject to a urinalysis for drug testing purposes and physical examination. The results of such examinations will be made available to the company.

I understand that the company is an Equal Opportunity Employer and does not discriminate in employment and no question on this application is to be used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or Federal law.

In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of the company which are established and maintained from time to time. I understand that my employment at the company is "at will", which means that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either the company or myself.

Applicant's Signature		Date	
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Thank you for applying at The Material Works, Ltd.

APPLICANT'S AGREEMENT TO SUBMIT TO DRUG SCREEN BY URINE TEST AND AUTHORIZATION FOR THE RELEASE OF MEDICAL INFORMATION BY THE SYSTEM'S LABORATORY TO EMPLOYEE HEALTH DEPARTMENT OR DESIGNEE

SECTION 1 - COMPLETED BY APPLICANT

I have been informed and I understand that my agreement to submit to the requested drug screen by a urine test is completely voluntary on my part, and that I have the right to refuse to submit to the test. I am aware and have been told that my refusal to submit to the drug screen by a urine test and/or medical assessment will result in my name being removed as an applicant for the position applied.

I also have been informed and am aware and hereby authorize that the results of this drug screen by a urine test and/or medical assessment may be released to the company's Human Resources Department, other company officials and employees, as Human Resources may determine it is necessary to disclose such information. If the results indicate the presence of an illegal drug, I understand I will be removed as an applicant for the positioned applied.

I have read and understand the above information and have decided to voluntarily submit to the requested drug screen by a urine test and/or medical assessment and, in recognition of this agreement, do sign this consent form.

I acknowledge and agree that the samples given by me shall become the property of the company, its affiliates or agents, and I hereby relinquish all rights to ownership and possession thereof. I hereby release the company, as well as any of their employees or agents, from any liability arising from my participation in this program.

I hereby <u>Agree</u> to authorize testing of my urine for drugs under conditions stated above.		Sign One or the other ↔	I hereby <u>Refuse</u> to authorize testing of my urine for drugs. I understand that my refusal means that I cannot complete a medical exam and such refusal will result in my name being removed as an applicant for the position applied at The Material Works, Ltd.	
Applicant's Signature			Applicant's Signature	
Date			Date	

SECTION 2 - IF APPLICANT IS UNDER THE AGE 18 - COMPLETED BY PARENT OR PARENTAL GUARDIAN

Parent or Parental Guardian's Signature		Date	
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SECTION 3 - COMPLETED BY HUMAN RESOURCES REPRESENTATIVE

Human Resource Representative's Printed Name			
Human Resource Representative's Signature		Date	
Printed Witness' Name			
Witness' Signature		Date	