

APPLICATION FOR EMPLOYMENT

Conditions of employment are stated at the end of this form.
Please read carefully before you sign this application.
Application must be completed in full, even if attaching a resume.

AMR/ERM/CMS

American Mine Research, Inc.
East River Metals, Inc.
Custom Manufacturing Services, Inc.

PERSONAL

Date _____

Last Name _____ First _____ Middle _____

If previous employment or education was under another name, please list name(s) _____

Home telephone _____ Other telephone at which you may be contacted _____

Street Address _____ Mailing Address _____

City, State, Zip _____ Social Security # _____

Position Applying for _____ Pay Expected _____

Are you legally eligible for employment in the United States? Yes _____ No _____ (If employed, proof of identity and eligibility will be required.)

Are you available for fulltime work? Yes _____ No _____ (If not, what hours/days are you available? _____)

Will you work overtime, if asked? Yes _____ No _____ When will you be available to begin work? _____

Have you ever been convicted of a crime? Yes _____ No _____ (If yes, please explain _____)
(A conviction will not necessarily disqualify you for employment. Rather, such factors as the date of conviction, seriousness and nature of the crime, and rehabilitation will be considered.)

Have you ever been employed with our organization? Yes _____ No _____ (If yes, when? _____)

EDUCATION

School	Name and Location of School	Course of Study	No. of Years Completed	Degree or Diploma Earned
College/or Higher				
Business/ Technical				
High School Or GED				

List any other training/education that you have had _____

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer. (Attach additional sheet if necessary.)

Company Name _____ Telephone _____

Address _____

Name of Supervisor _____ Job Title _____

Employed from _____ to _____ (state month and year) Weekly pay (start) _____ (last) _____

Reason for leaving _____

Briefly describe your work _____

Company Name _____ Telephone _____

Address _____

Name of Supervisor _____ Job Title _____

Employed from _____ to _____ (state month and year) Weekly pay (start) _____ (last) _____

Reason for leaving _____

Briefly describe your work _____

Company Name _____ Telephone _____

Address _____

Name of Supervisor _____ Job Title _____

Employed from _____ to _____ (state month and year) Weekly pay (start) _____ (last) _____

Reason for leaving _____

Briefly describe your work _____

Company Name _____ Telephone _____

Address _____

Name of Supervisor _____ Job Title _____

Employed from _____ to _____ (state month and year) Weekly pay (start) _____ (last) _____

Reason for leaving _____

Briefly describe your work _____

REFERENCES

Name of Reference	Address	Daytime Telephone	How long have you known this person?	Nature of Relationship

List any licenses, honors, activities, memberships, training, etc. that you feel may be relevant to the position for which you are applying (omit those which may disclose race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals)

In order for us to be able to process your application, please review and initial each of the statements below:

I declare that all statements contained in this application are true and that any misrepresentation or omission may result in rejection of my application and/or termination of my employment, if hired, at any time. _____

I authorize you to conduct a criminal background check, as well as personal, educational and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying – except for those specifically excluded in writing on this application. I hereby release all of these references, employers and other individuals/organizations from any and all liability for damages that might occur in connection with the processing of the application. _____

Exclusions _____

I understand and agree that, if hired, my employment relationship with this organization is an “at-will” relationship, meaning that both the organization and I have the right to terminate this employment relationship at any time for any or no reason, as long as that reason is not illegal. No verbal promises or guarantees can change this at-will relationship. No one in the organization, other than the President or CEO, has the authority or legal ability to modify the at-will nature of the employment relationship. The President or CEO can do so only if it is done specifically in a written agreement that is signed by both the President or CEO and the employee, and approved by the Board of Directors. _____

I understand that this organization prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This organization is an equal opportunity employer (EEO) and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. _____

I understand that this organization has a no-smoking policy in effect for all of its facilities and vehicles. I also understand that this organization has a drug and alcohol policy in effect that states, in part: “The illegal use of drugs or intoxicants and the use of alcohol on the job and/or working while under even the slightest influence of drugs or alcohol is prohibited.” The organization conducts pre-employment drug tests and reserves the right to test for drugs or alcohol in the case of an accident or with reasonable suspicion that an employee is in violation of this policy. The organization reserves the right to conduct random drug tests on safety sensitive employees in designated areas and/or departments. _____

My signature indicates that I have read all of the above statements, that I have asked any questions I may have had, and that I fully understand all of these statements. _____

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

Applicant’s Signature _____ Date _____