

MILITARY SERVICE		
Branch of Service	Dates: From:	To:
Rank at Discharge:		

EDUCATIONAL BACKGROUND

School	Print Name and Address	Type of Course or Major	Highest Grade Completed/Diploma
High School			
College			
Graduate School			
Trade, Technical or Business			
Other			

PAST EMPLOYMENT (Start with most recent employer)

Employer:	Phone:	From:	To:
Address:	City	State	Zip
Duties:	Position:		
Supv. Name:			
Reason for Leaving:	Salary:		

Employer:	Phone:	From:	To:
Address:	City	State	Zip
Duties:	Position:		
Supv. Name:			
Reason for Leaving:	Salary:		

Employer:	Phone:	From:	To:
Address:	City	State	Zip
Duties:	Position:		
Supv. Name:			
Reason for Leaving:	Salary:		

APPLICANT'S STATEMENT

The information provided by me in this application for employment is true and complete to the best of my knowledge. Should I be employed by the Company, any misrepresentation or any false statement contained herein may be considered cause for possible dismissal.

The Company has my permission to contact directly or employ the services of investigative agencies to obtain all necessary information from the references I have listed, or any other sources, concerning my prior employment, personal history or credit standing and I release all parties from any possible damages resulting from disclosing such information with or without prior written notice to me. I reserve the right to know the names and addresses of any investigative agencies used in order that I may learn the information contained in any reports furnished to the Company.

I understand this application does not constitute an employment contract of any kind. Notwithstanding any representations made by any employee of the Company or written statements provided in the hiring process, the employment relationship is at-will and may be terminated at any time with or without cause or notice. This at-will relationship may not be orally modified by any employee of the Company.

Signature of Applicant

Date

To All Applicants:

The U.S. Government has implemented rules that require mandatory drug and alcohol testing of all employees who work in sensitive or safety related positions within the transportation industry. The rules cover trucking, railroad, pipeline, aviation and other related businesses and, with few exceptions, require all workers to be tested. This includes individuals who either operate or work on various transportation equipment/components.

The position you are being considered for falls under these Federal Rules. Before you can be hired and start your employment, you must be given a pre-employment drug test. You will be given a drug test requisition form and be asked to report to a collection site where you will give a urine specimen. This specimen will be sent to a U.S. Department of Health and Human Services approved laboratory where it will be tested for five specific drugs of abuse (marijuana, cocaine, opiates, amphetamines/methamphetamine and phencyclidine (PCP)). The results of this test will be reviewed by a physician and reported back to the Company.

If the result of your drug test is negative, your application for employment will be given further consideration. If the test results are positive for any of the listed drugs, we will be unable to hire you.

There are several things you should know:

1. This is a mandatory Federal requirement and all persons being considered for similar positions must be tested.
2. The collection and testing of your urine specimen is conducted under extremely rigid guidelines established and monitored by the U.S. Department of Health and Human Services.
3. The test results are reviewed by a qualified physician (Medical Review Officer) who, in the case of a positive result, will personally contact you to ensure there is no legitimate medical reason for the test result.
4. The results of your test will be maintained in strict confidence. We do not release either positive or negative results to other businesses or to government agencies unless required by law. The one exception to this rule is for pilots where the Medical Review Officer is required by the FAA to report positive results to the FAA Flight Surgeon.
5. If hired you will be subject to a drug, and in some cases, alcohol testing. This will occur throughout your employment with Southwest United Industries and Plasma Coating Corporation. The various types of tests and when they will be administered will be explained after you are hired.
6. Employees who are subject to a drug or alcohol test will be given access, upon written request, to any records relating to their tests and any records relating to the results of any relevant laboratory certification, review or revocation-of-certification proceedings.

Our company is committed to maintaining an alcohol misuse and drug-free workplace. We support the U.S. Government's alcohol misuse and anti-drug programs and believe it is important that all of our employees understand this commitment. We will not tolerate drug abuse or alcohol misuse in our workforce.

Please sign below in acknowledgement that you have read and understand this letter.

Applicant's Signature:

Date:

AFFIRMATIVE ACTION IDENTIFICATION

Southwest United Industries and Plasma Coating Corporation is an equal opportunity employer. We consider all applicants for positions without regard to personal characteristics, including: race, color, religion, ancestry, sex, sexual orientation, national origin, age, veteran status or disability.

In an effort to comply with requirements regarding government regulations and affirmative action responsibilities, we ask you to complete this data survey. The disclosure of this information to Southwest United Industries and Plasma Coating Corporation is strictly voluntary. All data obtained in this matter will be kept CONFIDENTIAL and used only in accordance with Federal regulations. Failure to provide the information will NOT affect your employment.

Thank you for helping us evaluate the effectiveness of our equal opportunity efforts.

Name: _____ Date of Birth: ____/____/____ Today's Date: _____
(Please Print) Last, First, Middle Initial

_____ **Disability Status:**

An individual who has a physical or mental impairment, which substantially limits one or more of such individual's major life activities; OR has record of such impairment; OR is regarded as having such impairment.

_____ **Disabled Veteran: _____%**

Special Disabled Veteran - (A) veteran 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 Veterans Administration for a disability (i) rated at 30 percent or more, OR (ii) rated at 10 or 20 percent in the case of a veteran who has been determined to have a serious employment handicap or (B) a person who was discharged or released from active duty because of a service connected disability.

_____ **Vietnam Era Veteran:**

Veteran of the Vietnam Era - a veteran, any part of whose active military, naval, or air service, was during the period August 5, 1964, through May 7, 1975 where (i) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, OR (ii) was discharged or released from active duty because of a service connected disability.

_____ **Other Protected Veteran:**

Veterans who serve on active duty in the US Military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized.

_____ **Newly Separated Veteran:**

Any Veteran who served on active duty in the US Military, ground, naval or air service during the one-year beginning on the date of such Veteran's discharge or release from active duty.

Sex/Gender: Female Male

Race/Ethnic Background:

American Indian/Alaskan Native Asian
 Black Hispanic/Latino
 Native Hawaiian/ Pacific Islander White (not Hispanic)

Citizenship:

U.S. **Other (Please list):** _____

Signature: _____

IT IS UNLAWFUL TO RETAIN COPIES OF THIS DOCUMENT IN ANY TYPE OF EMPLOYEE PERSONNEL FILE