

Specific Position Applying For _____



5300 Willow Creek Drive S.W.

Cedar Rapids, Iowa

52404

Application for Employment

An Equal Opportunity Employer

Applicants are considered for positions without regard
to race, sex, color, age, national origin, disability, or veteran status

I. General Information (Please Print All Information)

Last Name		First Name		MI
Street Address		City	State	Zip Code
Social Security Number _ _ _ - _ _ - _ _		Salary Requirement	Home Phone () _ _ _ - _ _ _	
			Work Phone () _ _ _ - _ _ _	
How did you hear about PMX?				Date Available To Start Work
Advertisement	Friend	Relative	Current Employee	Other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name :	<input type="checkbox"/>

1. Do you have any relatives or friends employed by PMX? No ☐ Yes ☐ If Yes, Who - _____
2. Have you ever pled guilty, or pled "No contest" (Nolo Contendere), or been convicted of a felony or misdemeanor other than a traffic violation? If yes, please explain in Section VI, Remarks. Yes ☐ No ☐
3. Have you ever applied at PMX before? If Yes, When - _____ Yes ☐ No ☐
4. Have you ever been interviewed by PMX before? If Yes, When - _____ Yes ☐ No ☐
5. Can you travel if the job requires it? Yes ☐ No ☐
6. Are you eligible to work in the United States? Yes ☐ No ☐
7. Are you at least 18 years of age? Yes ☐ No ☐
8. Have you ever been disciplined for Absenteeism, Tardiness, or any other infractions by any previous employer? Yes ☐ No ☐
9. Have you ever been discharged or asked to resign by any of your previous employers? Yes ☐ No ☐

II. Education

Level of Education	Name and City / State	# of Years	Graduate	Major	Grades
Grade School			Yes <input type="checkbox"/>		
High School			Yes <input type="checkbox"/>		
College			Yes <input type="checkbox"/>		
Graduate			Yes <input type="checkbox"/>		
Business / Trade			Yes <input type="checkbox"/>		

III. Employment History (Minimum of 10 year's of Employment History if Applicable)

Last or Current Employer	Name of Employer -		
Title of Position Held :		Phone # of Employer :	() _ _ _ - _ _ _
Employer Address :	City	State	Zip Code
Description of Your Duties :		From Mo/Yr	
		To	
		Base Pay*	Per
Reason for Leaving :	Supervisors :		Supervisor Phone #

2nd to Last Employer		Name of Employer -			
Title of Position Held :			Phone # of Employer : () ____ - ____		
Employer Address :		City		State	Zip Code
Description of Your Duties :			From Mo/Yr		
			To		
			Base Pay*		Per
Reason for Leaving :		Supervisors :		Supervisor Phone #	
3rd to Last Employer		Name of Employer -			
Title of Position Held :			Phone # of Employer : () ____ - ____		
Employer Address :		City		State	Zip Code
Description of Your Duties :			From Mo/Yr		
			To		
			Base Pay*		Per
Reason for Leaving :		Supervisors :		Supervisor Phone #	
4th to Last Employer		Name of Employer -			
Title of Position Held :			Phone # of Employer : () ____ - ____		
Employer Address :		City		State	Zip Code
Description of Your Duties :			From Mo/Yr		
			To		
			Base Pay*		Per
Reason for Leaving :		Supervisors :		Supervisor Phone #	
5th to Last Employer		Name of Employer -			
Title of Position Held :			Phone # of Employer : () ____ - ____		
Employer Address :		City		State	Zip Code
Description of Your Duties :			From Mo/Yr		
			To		
			Base Pay*		Per
Reason for Leaving :		Supervisors :		Supervisor Phone #	

* **Base Pay is your basic amount of pay excluding overtime pay, special bonuses or allowances. The rate you indicate may be checked with former employers.**

IV. References

Professional References: Please list at least three Professional References. Must be individuals that you directly reported to and can tell us about you as an employee. We do not want Personal references such as relatives, acquaintances or co-workers.

Name (Last, First, Middle)	Street Address, City, St., Zip Code	Phone Number	Relationship
		() - - - - -	
		() - - - - -	
		() - - - - -	
		() - - - - -	

V. Military Service

Service Branch	Government Agency	Initial Rank or GS Grade	From (Mo/Yr) to (Mo/Yr)	Final Rank or Grade
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Military Specialty / Training Received

Reserves	If you served in either the U.S. Military or Government Service as a Civilian Employee, Please Explain:
YES <input type="checkbox"/> NO <input type="checkbox"/>	
Retired	
YES <input type="checkbox"/> NO <input type="checkbox"/>	

VI. Remarks

VII. Agreement - Please read the following carefully

1) I certify that the information provided on this application is true and accurate, and I authorize PMX Industries, Inc. to verify the information. 2) I acknowledge that my employment at PMX is contingent on my signing a Mutual Agreement to Arbitrate Claims. 3) If I obtain employment resulting from this Application, I agree to comply with all orders, rules and regulations of the company. 4) I also understand that, should I commence employment with PMX Industries, unless a specific written contract of employment (such as a collective bargaining agreement) signed on behalf of the employer by the president or designee covers my employment, my employment relationship with PMX Industries is entirely volunteer in nature. In other words, I will have the right, at my discretion, to end the employment relationship. Similarly, my employer will have the same right. Moreover, I understand that no employee, agent, or representative of PMX Industries, except in a written contract of employment (such as a collective bargaining agreement) signed on behalf of PMX Industries by the president or designee, has the authority to alter the voluntary nature of the employment relationship. 5) If required, I agree to submit to a physical examination which may include a test for illegal drugs. 6) I also authorize my former employers and educational institutions to give any information they have regarding me. I release them and their organizations from all liability for any damage whatsoever for issuing same. 7) If hired, a copy of my most recent payroll stub, evidence of my highest degree, and a copy of a marriage license and/or proof of marriage if applicable may be required prior to start date. 8) I understand that if, at any time, PMX Industries should discover that any information provided on this application is falsified the employment relationship will be terminated.

Applicant Signature		Date
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APPLICANTS VOLUNTARY SELF-IDENTIFICATION RECORD

SUBMISSION OF THIS INFORMATION IS VOLUNTARY

AND WILL NOT BE INCLUDED IN YOUR APPLICANT FILE OR YOUR EMPLOYEE PERSONNEL FILE.

As a part of our Affirmative Action Program, we are required by law to report the numbers of people who apply at our company by ethnic group, sex, disabled and veteran status. Your cooperation will be appreciated in completing the following form. This information will be used only for reporting purposes as legislated by Federal and State regulations and will not become a part of your applicant file or be used in making an employment decision and will not be included in your employee file.

NAME _____	SIGNATURE _____	BIRTH DATE _____
(PLEASE PRINT)		
SEX: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE	POSITION APPLYING FOR _____	DATE ____/____/____

ETHNIC GROUP (Place an "x" in the appropriate box);

To assist in appropriate identification, an applicant may be included in the group to which you belong, identify with or are regarded in the community as belonging in accordance with the definitions below:

<input type="checkbox"/> WHITE (Not of Hispanic Origin)	<input type="checkbox"/> BLACK (Not of Hispanic origin)	<input type="checkbox"/> ASIA OR PACIFIC ISLANDERS	<input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE	<input type="checkbox"/> HISPANIC
Including persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	All persons having origins in any of the Black racial groups.	All persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent or the Pacific Islands. This includes, for example, China, Japan, Korea, Philippine Islands, Samoa and India.	Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.	All persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin.

DISABLED / VETERANS (Place an "x" in the appropriate box):

<input type="checkbox"/> "VETERAN OF THE VIETNAM ERA"	<input type="checkbox"/> "DISABLED INDIVIDUAL"	<input type="checkbox"/> "DISABLED VETERAN"
Means: A person who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975, and was discharged or released therefrom with other than a Dishonorable Discharge, or (2) was discharged or released from active duty for service-connected disability if any of such duty was performed between August 5, 1964 and May 7, 1975.	Means: Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment; or (3) is regarded as having such an impairment.	Means: A person entitled to disability compensation under laws administered by the Veterans' Administration for disability rated at thirty percent or more or a person whose discharge or release from active duty was for a disability or aggravated in the line of duty.
<input type="checkbox"/> "OTHER ELIGIBLE VETERANS"		
Means: A person who (1) Veterans who served in a "war". Since the last declaration of war issued by Congress initiated World War II, Veterans with active duty service between December 7, 1941 and April 28, 1952 are considered Veterans of World War II and are included in the Other Eligible Veterans Category, (2) Veterans who served in a campaign or an expedition for which a campaign badge, a service Medal, or an expeditionary medal has been awarded.		

AN EQUAL OPPORTUNITY EMPLOYER – MALE, FEMALE, VETERAN AND/OR DISABLED



AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

DISCLOSURE

PMX Industries, Inc. (the "Company") will procure a consumer report and/or investigative consumer report on you in connection with your application for employment purposes (including employment, volunteer, or independent contractor assignments, as applicable) as defined under the Fair Credit Report Act. These background reports may be obtained at any time after receipt of your authorization and, if you are hired or engaged by the Company, throughout your employment or contract period.

Intelius Screening Solutions LLC, a consumer reporting agency, will obtain the report for the Company. Intelius Screening Solutions is located at 19800 North Creek Parkway, Suite 200, Bothell, WA 98011, and can be reached at (866) 338-6739.

The information that will be included in your report include: criminal records checks, public court records checks, driving records checks, verification of employment positions held, personal and professional references checks. The information contained in the report will be obtained from private and/or public record sources, including sources identified by you in your job application or through interviews or correspondence with current or former employers, educational institutions. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history.

Provided to you with this authorization is a Summary of Your Rights Under the Fair Credit Reporting Act in a form prescribed by the Federal Trade Commission. Please do not sign this authorization until you have received this summary.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

You must be told if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free.

You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.

Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old.

Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employee, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.

You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court. States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General.



AUTHORIZATION

I have carefully read and understand this disclosure and authorization form and I have received a copy of the "Summary of Rights Under the Fair Credit Reporting Act" provided with this form. I have had the opportunity to review my rights. By my signature below, I consent to the preparation of background reports by Intelius Screening Solutions LLC, and to the release of such reports to the Company and its designated representatives for the purpose of assisting the Company in making a determination as to my eligibility for employment, promotion, retention, contract assignment or for other lawful purposes.

I understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed to the Company by me before or during my employment or contract assignment, if any, may be utilized for the purpose of obtaining such consumer reports and/or investigative consumer reports about me. I understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, record/data repositories, courts (federal/state/local), motor vehicle record agencies, my past or present employers, the military, and other individuals or sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature (including electronic) below, I certify the information provided on and in connection with this form is true, accurate, and complete. I agree that this form in original, faxed, photocopied or electronic form will be valid for any background reports that may be requested by or on behalf of the Company.

Applicants Last Name	First Name	Middle Name
Social Security Number	* Date of Birth	
Drivers License Number	State of Issue	
Signature	Dated	

*This information is being collected to conduct the background screen on you. It will not be used for any other purpose.



If hired, a copy of a marriage license and/or proof of marriage may be required on your first day of employment, if applicable.

Applicants Signature

Date