



2265 West Morton Rd. Jacksonville, IL 62650  
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### APPLICATION FOR EMPLOYMENT

Please read carefully and answer questions truthfully and to the best of your knowledge.  
Any questions that don't pertain to you, or your not sure of please leave blank.

### EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION POLICY STATEMENT

It is the policy of Jacksonville Machine, Inc. not to discriminate against any employee or any applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation or national origin. This policy shall include, but not limited to, the following: recruitment and employment, promotion, demotion, transfer, compensation, selection for training including apprenticeship, layoff and termination.  
Except with respect to sexual orientation, Jacksonville Machine, Inc. further agrees to take affirmative action to ensure equal employment opportunities.

### APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Have you been employed under a different name? \_\_\_\_\_ If so, What? \_\_\_\_\_

Current Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

How long have you lived there? \_\_\_\_\_

In this City? \_\_\_\_\_ In this State? \_\_\_\_\_

Social Security #: \_\_\_\_\_ Are you eligible for employment in the US? \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

Position desired: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

What if any other Position would you require? \_\_\_\_\_

Have you applied at this company before? \_\_\_\_\_ If so, When? \_\_\_\_\_

Name of relatives or friends employed at JMI or Xtreme Machine? \_\_\_\_\_

Would you work any shift other than the day shift including nights and weekends? \_\_\_\_\_

What date could you be available for work? \_\_\_\_\_

## Educational Information: PLEASE PRINT

School	Name & Address	Major Courses	Years Attended	Last year completed	Did you graduate
Elementary					
High					
College					
Technical					
Other?					

Scholastic Standing in High School: \_\_\_\_\_

Scholastic Standing in College: \_\_\_\_\_

What Honors did you receive in High School? \_\_\_\_\_  
\_\_\_\_\_

Percent of College credits earned? \_\_\_\_\_ If you didn't graduate, Why? \_\_\_\_\_  
\_\_\_\_\_

What plans do you have to further your education if any: \_\_\_\_\_  
\_\_\_\_\_

## Extra Curricular Activities: PLEASE PRINT

High School: \_\_\_\_\_

College: \_\_\_\_\_

Other: \_\_\_\_\_

Offices Held: \_\_\_\_\_

Have you served in the Military? \_\_\_\_\_ If so, what branch? \_\_\_\_\_

Dates of service: from: \_\_\_\_\_ to: \_\_\_\_\_ Rank: \_\_\_\_\_

list duties in the service including special training and schooling \_\_\_\_\_  
\_\_\_\_\_

# Employment History: PLEASE PRINT

Begin with present or most recent place of employment

1.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Main Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisors name: \_\_\_\_\_

2.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Main Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisors name: \_\_\_\_\_

3.) Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Dates of service: From \_\_\_\_\_ To \_\_\_\_\_ Position: \_\_\_\_\_

Main Duties: \_\_\_\_\_

\_\_\_\_\_

Salary: \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

Supervisors name: \_\_\_\_\_

May we contact your prior employers? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# General Information: PLEASE PRINT

List your hobbies and other interests: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any special skills you have, or anything which you feel should be given consideration that has not been covered in this application: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

# Information Verification: PLEASE READ & SIGN

I agree that any false statement or omission in this application shall be cause for rejection or dismissal. I hereby authorize JMI to investigate any of the information included in this application and I release from liability those supplying such information. The use of this application does not indicate there are positions open and does not in any way obligate JMI to provide employment. I understand that should I be employed, my employment is not for any definite period or succession of periods and is considered an "AT WILL" arrangement. This means I am free to terminate my employment at any time and for any reason, as is JMI.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

Starting Date: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Department: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Hourly Rate: \_\_\_\_\_ Group: \_\_\_\_\_ Payroll #: \_\_\_\_\_  
Employment agreement: \_\_\_\_\_ Employee #: \_\_\_\_\_