

## **IMPORTANT INFORMATION**

Employees' wages are paid by direct deposit. If you have any issue with this form of payment please advise the Human Resource Department before proceeding with the application process.

Here at Phillips Machine Service, we rebuild mining machinery.

When applying for a job with us, ***Please be specific.***

**DO NOT** LEAVE ANY LINES BLANK.

**DO NOT** APPLY FOR "ANYTHING AVAILABLE". ***If you do, your application will not be considered!+***

The foreman or supervisor makes his or her decision for interviews based upon the information you provide on your application. Sell yourself to us. Let us know what your abilities are.

Only apply for the job(s) you are ***QUALIFIED*** to do. Listing too many could hurt your chance for consideration.

The following list may help you to determine what position you should apply for.

Electrician

Fabricator

General Labor

Machinist

Maintenance

Mechanic

Office / Clerical / Accounting

Sales (you must have an in-depth knowledge of the mining industry & mining machinery)

Truck Driver (must have CDL's)

Warehouse

Welder

After completing your application, please sign and date the last page.

Applications are kept on file for (90) days. You may update them at any time.

**ALSO:**

**INTERVIEWS ARE *NOT* GRANTED UPON REQUEST.**

Applications are turned in to the Human Resource Dept. where they are kept on file.

When a foreman or supervisor requests applications for a specific job opening, the applications for that job are pulled and forwarded for review.

If you are selected for an interview our Human Resource Dept. will contact you.

Thank You

Human Resource Department

# A pplication For Employment

PHILLIPS MACHINE SERVICE, INC.  
*Human Resources Department*  
367 George Street, Beckley, WV 25801  
e-mail: [careers@phillipsmachine.com](mailto:careers@phillipsmachine.com)

PHONE NO.: 304-255-0537  
FAX NO.: 304-929-2066

HOW DID YOU HEAR ABOUT US: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

APPLYING FOR JOB AS: \_\_\_\_\_

FULL NAME: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

MAILING ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

PHYSICAL ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

HOME TELEPHONE NUMBER \_\_\_\_\_ (AREA CODE) \_\_\_\_\_

OTHER TELEPHONE # WHERE YOU CAN BE REACHED \_\_\_\_\_ (AREA CODE) \_\_\_\_\_

ARE YOU UNDER 18 YEARS OF AGE? YES \_\_\_\_\_ NO \_\_\_\_\_

WHEN ARE YOU AVAILABLE TO START WORK? \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

ARE YOU EMPLOYED NOW? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER? YES \_\_\_\_\_ NO \_\_\_\_\_

TYPE OF EMPLOYMENT DESIRED: FULL TIME \_\_\_\_ PART TIME \_\_\_\_ EITHER \_\_\_\_

ARE YOU WILLING TO WORK ANY SHIFT? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME? YES \_\_\_\_\_ NO \_\_\_\_\_

HOURLY RATE OF PAY EXPECTED: \$ \_\_\_\_\_

HAVE YOU EVER APPLIED HERE BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, WHEN DID YOU APPLY? \_\_\_\_ . JOB APPLIED FOR: \_\_\_\_\_

HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, DATE OF EMPLOYMENT: FROM \_\_\_\_\_ TO \_\_\_\_\_  
(MONTH) (YEAR) (MONTH) (YEAR)

**EDUCATION**

**(CIRCLE HIGHEST GRADE COMPLETED)**

GRADE SCHOOL 1 2 3 4 5 6 7 8      HIGH SCHOOL 1 2 3 4      COLLEGE 1 2 3 4

**SCHOOL                                      NAME AND ADDRESS                                      DEGREE OR CERTIFICATE**

HIGH SCHOOL

COLLEGE

BUSINESS OR  
VOCATIONAL

ADDITIONAL  
TRAINING

DO YOU HAVE A VALID CDL (COMMERCIAL DRIVERS LICENSE)? YES \_\_\_ NO \_\_\_

ARE YOU A CERTIFIED ELECTRICIAN? YES \_\_\_\_\_ NO \_\_\_\_\_

ARE YOU A CERTIFIED WELDER? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU READ BLUEPRINTS, SKETCHES OR SHOP DRAWINGS? YES \_\_\_ NO \_\_\_

DO YOU HAVE ANY PARTICULAR SKILLS OR QUALIFICATIONS YOU FEEL WOULD ESPECIALLY FIT YOU FOR WORK WITH THIS COMPANY? (PLEASE LIST BELOW)

LIST ALL MACHINES AND EQUIPMENT WHICH YOU ARE EXPERIENCED IN OPERATING:

<b>TYPE OF MACHINE OR EQUIPMENT</b>	<b>NUMBER YEARS OF EXPERIENCE</b>
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

HAVE YOU EVER SUPERVISED OTHER EMPLOYEES? YES \_\_\_\_\_ NO \_\_\_\_\_  
HOW MANY? \_\_\_\_\_ IN WHAT TYPE OF WORK? \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

DESCRIBE YOUR WORK EXPERIENCE IN A CONCISE MANNER. OUR ABILITY TO EVALUATE YOUR EXPERIENCE RECORD DEPENDS LARGELY UPON THE INFORMATION FURNISHED HERE. BEGIN WITH YOUR PRESENT OR LAST JOB.

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ WAGES: \$\_\_\_\_\_ HR./MO./YR.  
(MO.) (YR) (MO.) (YR.)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DESCRIBE DUTIES PERFORMED, MACHINES OPERATED AND TOOLS USED:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ WAGES: \$\_\_\_\_\_ HR./MO./YR.  
(MO.) (YR) (MO.) (YR.)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DESCRIBE DUTIES PERFORMED, MACHINES OPERATED AND TOOLS USED: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ WAGES: \$ \_\_\_\_\_ HR./MO./YR.  
(MO.) (YR) (MO.) (YR.)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DESCRIBE DUTIES PERFORMED, MACHINES OPERATED AND TOOLS USED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ WAGES: \$ \_\_\_\_\_ HR./MO./YR.  
(MO.) (YR) (MO.) (YR.)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DESCRIBE DUTIES PERFORMED, MACHINES OPERATED AND TOOLS USED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

DESCRIBE YOUR WORK EXPERIENCE IN A CONCISE MANNER. OUR ABILITY TO EVALUATE YOUR EXPERIENCE RECORD DEPENDS LARGELY UPON THE INFORMATION FURNISHED HERE. BEGIN WITH YOUR PRESENT OR LAST JOB.

NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ WAGES: \$ \_\_\_\_\_ HR./MO./YR.  
(MO.) (YR) (MO.) (YR.)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DESCRIBE DUTIES PERFORMED, MACHINES OPERATED AND TOOLS USED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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NAME OF EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NO.) (STREET) (CITY) (STATE) (ZIP)

PHONE: \_\_\_\_\_

EMPLOYED FROM: \_\_\_\_\_ TO \_\_\_\_\_ WAGES: \$ \_\_\_\_\_ HR./MO./YR.  
(MO.) (YR) (MO.) (YR.)

REASON FOR LEAVING: \_\_\_\_\_

YOUR JOB TITLE: \_\_\_\_\_

DESCRIBE DUTIES PERFORMED, MACHINES OPERATED AND TOOLS USED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## REFERENCES

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

	NAME	ADDRESS	TELEPHONE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

## APPLICANT'S STATEMENT

I certify that the information given in the application is correct. In submitting this application for employment, I authorize investigation of all statements contained in it, and it is understood and agreed that any misrepresentation or falsification or omissions by me will be cause for cancellation of the application and/or immediate discharge from company service, if employed. I indemnify Phillips Machine Service, Inc., its officers, agents, employees and servants against any liability, which might result from making such investigation.

I hereby authorize any person or organization to furnish Phillips Machine Service, Inc. any information they may have concerning me, whether on record or not and I hereby release all such people and organizations from any claims and damages or otherwise, by reason of furnishing such information and records.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between Phillips Machine Service, Inc. and myself for either employment or for providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon Phillips Machine Service, Inc. unless made in writing and signed by the President of Phillips Machine Service, Inc.

I understand that if an offer of employment is made, I will freely and voluntarily submit to drug testing and acknowledge that I must have a confirmed negative test result before I can perform any work duties.

If an employment relationship is established, I understand that I have the right to terminate my employment for any reason at any time with or without cause and with or without notice and Phillips Machine Service, Inc. retains the same right. I understand, also, that I am required to abide by all rules and regulations of the employer.

I understand that federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination. Phillips Machine Service, Inc. will utilize E-Verify to provide the Social Security Administration (SSA), and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

I understand that this application for employment is only good for (90) days from the date the application is received by Phillips Machine Service, Inc. and that I must complete a new application at the end of the (90) day period to continue consideration for employment.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_  
(Month) (Day) (Year)