

DRM, Inc.
P.O. Box 1002, Gillette, Wy. 82717-1002
307-682-0328 - FAX 307-682-3130
Application For Employment
(Please Print)

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religious persuasion, marital status, political belief, or disability that does not prohibit performance of essential job functions.

Date: _____

I. Personal Information

Name: Last First Middle

Physical Street Address

Mailing Address (if different than above)

Cell#

Social Security Number Telephone

Date of Birth

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity (valid driver's license, birth certificate, Green Card, etc.) within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Position Applied For: _____

1. Is there any information we would need about your name or use of another name for us to be able to check your work record? Please specify:

2. Have you or any of your relatives been employed by the Company before? If yes, When?

3. How were you referred?

4. Have you ever been convicted of a felony? ____ Yes ____ No If yes, please explain:

5. Do you have any physical condition which may limit your ability to perform the job applied for?

II. Address History

Last Three Years of Residence:

- 1. _____
- 2. _____
- 3. _____

III. Education History

School Name/Location	Years Completed	Degree/Diploma
Elem/Jr.High _____		
High School _____		
College _____		
Tech Training _____		
Other _____		

IV. Employment Record Please include all employment for the last three years. Ten years if applying for Truck Driver position. 391.21 (11)

1. _____

Company Name (Current/Most Recent Employer)	Position Held
Address _____	Dates Employed: From _____ To _____
Manager/Supervisor _____	Telephone _____ Wage/Salary _____
Reason For Leaving _____	

2. _____

Company Name	Position Held
Address _____	Dates Employed: From _____ To _____
Manager/Supervisor _____	Telephone _____ Wage/Salary _____
Reason for Leaving _____	

3. _____
Company Name Position Held

Address Dates Employed: From To

Manager/Supervisor Telephone Wage/Salary

Reason for Leaving

NOTE: Use a separate sheet to list additional employers, if necessary. We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

(Employer's Name) Reason

(Employer's Name) Reason

Do you have a current MSHA Form 5000-23, If yes, what is the date? _____

Do you have a valid drivers license? _____

If yes, what is class and expiration date? _____

Drivers License number and State _____

How long have you been a WY Resident ____ Years ____ Mos (In Reference to WY Preference Act Jobs)

If you are hired you will need to provide DRM, INC. with a current Department of Motor Vehicles driving record (MVR). If you do not provide DRM with one, one will be provided for you. You hereby release DRM, INC. to obtain a yearly MVR and understand that the cost for the MVR will be deducted from your check.

Applicant's Signature

V. References: Please do not include relatives or former employers.

1. _____
Name Years Known

Address Telephone

Occupation

2. _____
Name Years Known

Address Telephone

Occupation

3. _____
Name Years Known

Address Telephone

Occupation

VI. Work Availability

1. If your application receives favorable consideration, when will you be available to begin work?

2. Do you have any objection to working overtime? () Yes () No
3. Can you work overtime without prior notice? () Yes () No
4. Can you work on Saturday? () Yes () No
5. Can you work on Sunday? () Yes () No
6. Can you travel if required by this position? () Yes () No

VII. Salary / Hourly Rate Requirements

If your application receives favorable consideration, what salary/hourly rate would you require?
_____ per _____.

VIII. In Case of Emergency Please Notify:

Name Address Phone Number Relationship

IX. DRM, INC WILL REQUIRE A PRE-EMPLOYMENT DRUG TEST IF YOU ARE HIRED. IF YOU DO NOT PASS THE TEST THE COST OF THE TEST WILL HAVE TO BE REIMBURSED TO DRM, INC.

X. Background Research Release

Please read this section carefully and acknowledge your understanding by signing your name in the space below.

1. Consent To Conduct Background Investigation

As a condition of and in consideration for consideration of this application, I give permission to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

2. Consent To Contact Past Employers

I give permission to contact all employers listed in this application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss my relevant personal and employment history, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representative of my prospective employer. I further waive all rights I may have under state law to receive a copy of any written statement provided by any of my former employers. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Consent To Contact Government Agencies

I give permission to any agent, attorney or representative of my prospective employer to receive a copy of any information obtained in the file of any federal, state or local court, governmental agency law enforcement agency or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate my prospective employer as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities.

4. Cooperation With Investigation

I agree to fully cooperate in this background investigation, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state or local governmental agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information to the extent permitted by law.

5. Employment "At Will"

In consideration of my employment, I agree to conform to the rules and regulations of my employer, and my employment and compensation is "at will" in that they can be terminated with or without cause, and with or without notice, at any time, at the option of either my employer or myself, except as otherwise provided by law. I understand that no manager or representative of my employer has authority to enter into any agreement for employment for any specified period of time or to make any agreement or contract to the foregoing.

6. Falsification Statement

I understand that any falsification or willful omission of fact made in this application or in connection with any background investigation may be sufficient grounds for rejection of this application, or, if discovered after an offer of employment, for immediate dismissal.

7. Certification

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant's Signature

Date

FOR OFFICE USE ONLY:

Conditional Offer Made:

Yes or No (Circle one)

Date _____

Conditional Offer Accepted:

Yes or No (Circle one)

Date _____

Motor Vehicle Violations/Accidents

Please list all violations of motor vehicle traffic laws and ordinance (other than violation involving only parking) of which you have been convicted, or on account of which you had forfeited bond or collateral during the preceding five (5) years. 391.21 (b) (9)

Date	Offense	Location	Type of Vehicle Operated	Fatalities/Personal Injuries

IF YOU HAVE HAD NO VIOLATIONS IN THE LAST FIVE (5) YEARS, CHECK THE FOLLOWING BOX :

Driver's Signature: _____ Date: _____