

IMPORTANT INFORMATION

Employees' wages are paid by direct deposit. If you have any issue with this form of payment please advise the Human Resources 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

Phillips Technologies (computers, phones, etc.)

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-mails: nrevels@phillipsmachine.com or kerri@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:

TYPE OF MACHINE OR EQUIPMENT	NUMBER YEARS OF EXPERIENCE
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: _____

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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.

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)