



1110 Industrial Rd  
Madill, OK  
Office: (580) 677-9937

## APPLICATION FOR EMPLOYMENT

Please print all information.

Application will not be accepted with Missing Information.

Application will remain valid for sixty (60) days from application date.

### I. PART ONE (MUST BE COMPLETED BY ALL APPLICANTS)

#### A. GENERAL INFORMATION

NAME \_\_\_\_\_  
(FIRST) (MIDDLE) (Maiden Name, if any) (LAST)  
ADDRESS \_\_\_\_\_ HOW LONG? \_\_\_\_\_  
(STREET) (CITY) (STATE & ZIP CODE)  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_

HOW DID YOU HEAR ABOUT US?  Advertisement  Friend  College  
 Walk-In  Employment Agency  Govt./State/Agency  
 Relative  Other

ARE YOU WILLING TO TRAVEL?  Yes  No

HAVE YOU BEEN EMPLOYED WITH US BEFORE?  Yes  No WHEN \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  Yes  No

MAY WE CONTACT YOUR PRESENT EMPLOYER?  Yes  No

ARE YOU 18 YEARS OR OLDER?  Yes  No

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY DUE TO VISA OR IMMIGRATION STATUS? (Proof of citizenship or immigration status is required upon employment.)  Yes  No

YOU ARE AVAILABLE TO WORK:  Full Time  Part Time  Temporary

DATE YOU CAN BEGIN WORK: \_\_\_\_\_

HAVE YOU BEEN CONVICTED OF A CRIME WITHIN THE LAST SEVEN (7) YEARS?  Yes  No  
(Other than a traffic violation. Conviction will not necessarily disqualify an applicant from employment.)

IF YES, PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

**B. EDUCATION**

School Address	Credits Earned	Major	Diploma/Degree Earned
High School:			
College:			
Technical/Other:			

**C. DESCRIBE IN DETAIL ANY SPECIALIZED TRAINING, COMPUTER OR OFFICE SKILLS, CERTIFICATIONS, LICENSES OR ON-THE-JOB TRAINING PROGRAMS COMPLETED**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**D. PLEASE LIST ANY LICENSES OR CERTIFICATIONS HELD AND DATES OBTAINED (CDL, skilled trade license, etc.)**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

**E. CRAFT RELATED EXPERIENCE.**

Please list the years of work experience you have in any of the following:

- |                           |                             |                     |                   |
|---------------------------|-----------------------------|---------------------|-------------------|
| ____ Backhoe              | ____ Front End Loader       | ____ Motor Grader   | ____ Raker        |
| ____ Carpenter            | ____ Glazier                | ____ Oiler          | ____ Roller       |
| ____ Crane                | ____ Ironworker (Reinf.)    | ____ Painter        | ____ Scraper      |
| ____ Dozer                | ____ Ironworker (Str.)      | ____ Paving Machine | ____ Surveying    |
| ____ Electrician          | ____ Laborer (Semi-Skilled) | ____ Pile driver    | ____ Tractor      |
| ____ Finisher (Paving)    | ____ Laborer (Unskilled)    | ____ Pipe layer     | ____ Truck Driver |
| ____ Finisher (Structure) | ____ Mason                  | ____ Plant Operator | ____ Single Axle  |
| ____ Foreman              | ____ Mechanic               | ____ Plumber        | ____ Tandem Axle  |
| ____ Welder               |                             |                     |                   |

**F. PERSONAL REFERENCES:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

**II. PART TWO (MUST BE COMPLETED BY APPLICANTS NOT SEEKING EMPLOYMENT IN POSITIONS REQUIRING COMMERCIAL DRIVER'S LICENSE)**

List complete mailing address (street number and name, city, state and zip code). Attach sheet if more space is needed.

LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING/ENDING SALARY \_\_\_\_\_  
DESCRIBE WORK \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
HOW WAS POSITION OBTAINED? \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

SECOND LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING/ENDING SALARY \_\_\_\_\_  
DESCRIBE WORK \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
HOW WAS POSITION OBTAINED? \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

THIRD LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING/ENDING SALARY \_\_\_\_\_  
DESCRIBE WORK \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
HOW WAS POSITION OBTAINED? \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

FOURTH LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING/ENDING SALARY \_\_\_\_\_  
DESCRIBE WORK \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
HOW WAS POSITION OBTAINED? \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

FIFTH LAST EMPLOYER: NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
POSITION HELD \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_ STARTING/ENDING SALARY \_\_\_\_\_  
DESCRIBE WORK \_\_\_\_\_ SUPERVISOR NAME \_\_\_\_\_  
HOW WAS POSITION OBTAINED? \_\_\_\_\_ REASONS FOR LEAVING \_\_\_\_\_  
ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON. \_\_\_\_\_

COMPLETE EMPLOYMENT HISTORY

**DISCLOSURE REGARDING DRUG AND ALCOHOL TESTING**

During the past two years, have you tested positive or refused to test on any pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules?

Yes  No

**CONSENT TO RELEASE OF INFORMATION  
REGARDING DRUG AND ALCOHOL TESTING**

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employers, listed above in my COMPLETE EMPLOYMENT HISTORY to New Vision Manufacturing LLC. This release is in accordance with DOT Regulation 49 CFR Part 40, section 40.25. I understand that information to be released by my previous employers is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

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Date

Signature

**TO BE READ AND SIGNED BY APPLICANT**

**I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.**

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

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Date

Signature

**IV. PART FOUR (TO BE COMPLETED BY ALL APPLICANTS)**

I hereby authorize New Vision Manufacturing LLC to contact any of my prior employers to request information related to my prior employment, including without limitation my dates of employment and job performance, in accordance with applicable law.

I understand that all offers of employment are conditioned upon passing any job-related physical examinations and pre-employment drug and alcohol testing.

I agree that New Vision Manufacturing LLC shall not be liable, in any respect, if my employment is terminated because of misstatements or omissions made by me in this application.

In the event of employment, I will comply with all rules and regulations established by New Vision Manufacturing LLC from time to time, including any drug and alcohol testing policies. I am willing to work all assigned overtime or other special work assignments as requested.

I understand that New Vision Manufacturing LLC does not offer contracts of employment (unless signed by the President). I understand that employment with New Vision Manufacturing LLC is at-will, and that any employment relationship may be terminated at any time, for any reason, with or without cause or notice. I understand that nothing contained herein is intended to create a guarantee of employment, or a guarantee of employment for any specified period of time or under any specific terms or conditions.

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

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Date

Signature

# Basic Shop Tool Knowledge Assessment

1. Which one below is a tape measure? Circle the correct image.



2. Mark  $5 \frac{5}{16}$  inches on the tape measure image below with your pen or pencil:



3. Select the correct measurement from the tape measure reading below:

- A. 1 ft 3 inches
- B.  $12 \frac{1}{2}$  inches
- C.  $13 \frac{3}{16}$  inches
- D. 13 inches



# Basic Shop Tool Knowledge Assessment

4. Mark  $7 \frac{3}{8}$  inches on the tape measure image below with your pen or pencil:



5. Which one of the following screwdrivers is known as a Phillips Screwdriver? Circle your choice.



6. How many inches show at the marking on the tape measure below?

Answer:





# Basic Shop Tool Knowledge Assessment

7. What is the correct answer to the below question?

$$5,829 + 6,747 =$$

8. What is the correct answer to the below math question?

$$12,576 - 3,921 =$$

9. Draw a straight line to the correct tool from each of the 3 names below.

WRENCH

WIRE CUTTERS

CHANNELOCKS



10. Which tool(s) below would you use to properly cut through a 2 x 4 piece of wood? Circle each that would apply.

