

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, disability, or other protected status.



APPLICATION FOR EMPLOYMENT

Today's Date _____

PERSONAL

Name _____ Social Security Number XXX - XX - _____

Address _____ City _____ State _____

Home Phone _____ Cell Phone _____ E-mail _____

Position Applied For _____ Desired Wage _____

Date you can start _____ Full-time Part-time Can you work weekends Yes No

1st shift 2nd shift 3rd shift Can you work overtime, if necessary Yes No

Are you at least 18 years of age and legally eligible to work in United States? Yes No

Have you ever been convicted of or pled guilty to a felony or misdemeanor? Yes No

If yes, please explain _____

Are you now or have you been a smoker or tobacco user in the last (3) months? Yes No

Do you currently use any tobacco cessation products that you believe would affect your nicotine test? Yes No

What are they? _____

Do you have a valid Nebr. Driver's License? Yes No Do you have any driving restrictions? Yes No

EDUCATION

High School (last attended) _____ City/State _____

Graduated? Yes No Circle highest grade completed 8 9 10 11 12 GED

Technical/Community College _____ City/State _____

Graduated? Yes No Degree _____ Major _____

Circle highest grade completed 1 Year 2 Year AAS

College/University _____ City/State _____

Graduated? Yes No Degree _____ Major _____

Circle highest year completed 1 2 3 4

Other Classes _____

EMPLOYMENT HISTORY

Most Recent Employer

Are you currently working for this employer? Yes ___ No ___

Company Name _____ Supervisory Name _____

City/State _____ Job Title _____

Dates Employer From _____ To _____ Wage Per Hour _____

Duties _____

Second Most Recent Employer

Company Name _____ Supervisor Name _____

City/State _____ Job Title _____

Dates Employed From _____ To _____ Wage Per Hour _____

Reason for Leaving _____

Duties _____

Third Most Recent Employer

Company Name _____ Supervisory Name _____

City/State _____ Job Title _____

Dates Employed From _____ To _____ Wage Per Hour _____

Reason for Leaving _____

Duties _____

PERSONAL REFERENCES

List Reference's Name, Occupation, Address/City/State, Phone, and Email. *Do not include relatives or former employers.*

1. _____

2. _____

3. _____

SKILLS & WORK EXPERIENCE INFORMATION - Check Skills or Experience that applies

Production Machines

Drill Press _____
 Press Brake _____
 Turret Press _____
 Punch Press _____
 Shear _____
 Laser _____
 Tube Bending _____
 Punch Press _____
 PEM Machines _____
 Sanding/Grinding _____

Sales

Customer Service Rep _____
 Outside Sales Rep _____
 Inside Sales Rep _____
 Marketing/Advertising _____

Quality Assurance

Blueprint Reading _____
 Measuring Equipment _____
 CMM experience _____
 Six Sigma/5S/Lean Mfg. _____

Tooling

CNC _____
 Lathe _____
 Mill _____
 Programming _____
 Tool & Die _____
 Machinist _____
 Tool Design _____
 Precision Grinding _____
 Machine Assembly _____

Office/Accounting/Purchasing

Data Entry _____
 Microsoft Word _____
 Excel/Spreadsheets _____
 Windows _____
 Data Entry _____
 Calculator _____
 Switchboard _____
 Accounting _____
 Payroll _____
 OSAS _____
 Global Shop _____
 Purchasing _____

Electrical Mechanical _____
 Powder Coating Shooter _____
 Electronics Technician _____

Welding

MIG _____
 TIG _____
 Fabricator _____
 Aluminum _____

Management

Supervisory experience _____
 Management experience _____

Assembly

Mechanical _____
 Electrical _____
 Wiring _____
 Hand soldering _____
 PC board _____

Graphic Design

Adobe Illustrator _____
 Adobe Photo Shop _____
 Layout & Design _____
 Proofreading _____

Drafting/Engineering

Drafting _____
 Auto CAD _____
 Solid Works _____
 Electrical _____
 Mechanical _____
 Programming/PLC _____

Maintenance

Building _____
 Custodial _____
 Electrical/Electronics _____

Material Handling

Shipping & Receiving _____
 Inventory Management _____

Please read this statement carefully and sign below. I hereby give IMSCORP the right to make a thorough investigation of my past employment, education and activities and I release from all liability all persons, companies and corporations supplying such information. I release IMSCORP against any liability which might result from making such investigation. I understand that if I am offered employment, I will be required to submit to and pass a company-provided drug test, other pre-placement health screenings, and criminal history check. I also understand that any false answers or statements made by me in this application or other documents shall be considered sufficient cause for denial of employment or termination of employment.

Signature _____ Date _____

Drug, Alcohol and Tobacco Free Work Place Policy - (adopted January 1, 1996; Rev.1- February 1, 1997; Rev. 2 - January 1, 2001; Rev. - May 1, 2012)

I. General Statement - IMSCORP herein after "Company", including its various subsidiaries: SourceOne, Inc., Bison, Inc., & Industrial Machinery Sales, Inc.; collectively and individually believes that a healthy and productive work force, safe working conditions free from the effects of drugs, alcohol, and tobacco and maintenance of the quality of products produced and services rendered by the Company, are important not only to the company but also to the employees and general public. The effects of drugs, alcohol and tobacco use can create a variety of workplace problems, including increased injuries on the job, increased absenteeism, increased financial burden on health and benefits programs, increased workplace theft, decreased employee morale, decreased productivity, and a decline in the quality of products and services. Therefore, the Company hereby adopts this policy for the testing of employees for evidence of drugs, alcohol & tobacco use in the workplace.

II. Definitions for the purpose of this Policy

A. "Alcohol" means ethyl alcohol or ethanol, including wine, beer and spirits..

B. "Drugs" means any substance recognized as a drug in the U.S. Pharmacopoeia, the National Formulary, the Homeopathic Pharmacopoeia, or other drug compendia, or supplement to any of those compendia. This includes without limitation, narcotics, hallucinogenics, depressants, stimulants or other controlled substances.

C. "Tobacco" shall mean any substance whether smoked, chewed or otherwise consumed that is derived from tobacco or similar plant materials.

D. "Employee" means any person in the service of the Company for compensation of any kind including persons who have been offered employment subject to drug testing and all workers who work as temporary, contract or temp-to-hire workers.

III. Testing

A. The Company intends to test employees for the presence of drugs, alcohol and tobacco use in accordance with the provisions of this Policy, as a condition of employment and/or continued employment for the purposes listed below:

1. to improve the quality of the work force;
2. to investigate suspected individual employee who may be impaired at work by either drugs or alcohol use or who are suspected of tobacco use;
3. to investigate accidents in the workplace;
4. to maintain the safety of employees and the general public;
5. to maintain product quality, productivity, and to control benefit costs.

B. The collection and testing of samples shall be limited to circumstances listed below.

1. Beginning May 1, 2012, after an initial written employment offer has been made to a prospective employee and after consent by the applicant, that person shall submit to a drug, alcohol and tobacco use screening at the place and of a type determined by the company. Failure or refusal to timely submit to testing will result in an automatic withdrawal of the employment offer. Under no circumstances will any person begin employment until the company has notification of favorable test results. Temporary or temp-to-hire employees shall be tested prior to employment by the firm providing the employee using the same or similar testing procedure.

2. Effective November 1, 2000, whenever a reportable workman's compensation accident occurs involving a company employee, that employee shall be tested immediately by the IMSCORP designated medical service provider if during normal business hours or no later than 10:00 a.m. on the first normal business day following the injury. 100% of reportable workman's compensation accidents shall require testing. There are no exceptions for severity, type or employee status.

3. Whenever an employee appears to be under the influence of drugs or alcohol during work time, displaying signs of such influence such as impaired speech or movement, uncertain balance, red or watery eyes, abnormally loud or belligerent speech or any other outward signs. Test may be required of any employee for circumstances in #3 above only after completion of the Drug, Alcohol and Tobacco Free Work Place Test Request Form No. 1 which includes the signature of the following: (1) employee's immediate supervisor, (2) Department/Division Manager, and (3) IMSCORP Human Resource Manager. In cases where timing does not permit proper signatures before testing, signatures will be obtained before test results are released.

4. Whenever an employee is known or suspected of using tobacco products using the same process as outlined in #3 above.

5. Whenever an employee or employees are involved in a physical altercation with another employee or employees whether or not that altercation results in an injury. All involved employees will be tested under the same guidelines as if a reportable workman's compensation injury has occurred to each employee, see No. 2 above.

6. Whenever a non-injury accident involving an on-duty employee has occurred which results in property damage in excess of \$500 to company property or any property on company premises and the incident is not immediately determined to be the result of equipment malfunction, then all involved employees will be tested under the same guidelines as if a reportable workman's compensation injury has occurred to each employee, see No. 2 above.

7. Beginning on January 1, 2013, upon random selection of any employee for testing. Upon selection, the employee will be required to be tested within one (1) hour of notification of selection. IMSCORP will use an outside service for determination of employees selected for tests.

8. 100% of employees will be tested for tobacco use between Jan. 1 - Jan. 31, 2013. The testing will be of a type, a location & schedule determined by IMSCORP.

C. To test reliably for the presence of drugs, alcohol or tobacco, the Company will require samples from employees and will require presentation of reliable identification to the person collecting the samples.

D. Any testing shall occur during or immediately after the regular work period and shall be deemed work time for purposes of compensation and benefits for current employees except as outlined in "E" below.

E. The Company shall pay for all costs of testing for employees, however prospective employees shall travel to and from the location of testing, if applicable, on his/her own time and with his/her own method of transportation.

F. All sample collection and testing shall be in accordance with the following conditions:

1. The collection of samples shall be performed under reasonable and sanitary conditions;
2. Samples shall be collected and tested with due regard to the privacy of the individual being tested and in a manner reasonably calculated to prevent substitutions, contamination's or interference with the collection or testing of reliable samples;
3. Sample collection shall be documented and the documentation procedures shall include:(a) labeling of samples so as reasonably to preclude the probability of erroneous identification of test results; and (b) an opportunity for the employee to provide notification of any information which he or she considers relevant to the test, including identification of currently or recently used prescription or non-prescription drugs, or other relevant medical information;
4. Sample testing shall conform to scientifically accepted analytical methods and procedures.

IV. Notice - The Company's written Policy for testing shall be distributed to employees and be available for review by prospective employees.

V. Company Action - Prospective employees who refuse to take or fail the prescribed tests will not be added to the company workforce. For current employees, upon receipt of a verified or confirmed positive test result which indicates a violation of this Policy, or upon the refusal of a current employee to provide a sample, the Company may use that test result or refusal as the basis for disciplinary or rehabilitative actions, which may include the following:

- A. a requirement that the employee enroll in a Company-approved rehabilitation treatment or company provided Employee Assistance Program (EAP), or counseling program, which may include additional testing;
- B. suspension of the employee without pay;
- C. termination of employment;
- D. future scheduled or unscheduled testing;
- E. a requirement that the employee enter into a tobacco use cessation program as a condition of future employment.
- F. other disciplinary measures in conformance with the Company's usual policies and procedures.

VI. Confidentiality

A. All information, interviews, reports, statement, memoranda, or tests received by the Company through this drug and alcohol testing program are confidential communications and will only be used in a proceeding related to an action taken by the Company under Section V or in defense of any action brought against the Company. B. The information described in Section III shall be the property of the Company. C. The Company is entitled to use test result as a basis for action under Section V.