

Butler



Butler Machinery Company

Since 1955

APPLICATION FOR EMPLOYMENT

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. YOU MAY WITHHOLD ANY INFORMATION ON THIS APPLICATION THAT INDICATES SUCH PERSONAL CHARACTERISTICS. NO QUESTION ON THE APPLICATION IS INTENDED TO SECURE INFORMATION TO BE USED FOR SUCH DISCRIMINATION.

Please print and use blue or black ink

Date of Application _____

Personal Data

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City _____ State _____ Zip Code _____

Telephone Number _____ Alternate Contact Number _____

E-mail Address: _____

Position

Position(s) Applied For: _____

Referral Source: _____

Have you ever applied at or been employed with Butler Machinery Company?

Yes: _____ No: _____ If yes, where?: _____ when?: _____

Desired wage or salary acceptable: \$_____/hour \$_____/month

Butler Machinery Company Location(s) Preferred:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Corporate Office | <input type="checkbox"/> Fargo, ND | <input type="checkbox"/> Jamestown, ND | <input type="checkbox"/> Pierre, SD |
| <input type="checkbox"/> Bismarck, ND | <input type="checkbox"/> Grand Forks, ND | <input type="checkbox"/> Minot, ND | <input type="checkbox"/> Rapid City, SD |
| <input type="checkbox"/> Dickinson, ND | <input type="checkbox"/> Hankinson, ND | <input type="checkbox"/> Aberdeen, SD | <input type="checkbox"/> Sioux Falls, SD |

Work Eligibility

When will you be available to begin work? ____/____ (Month/Day)

Are you legally authorized to work in the United States? Yes: _____ No: _____

Can you travel if a job requires it? Yes: _____ No: _____

Do you have a CDL? (Commercial Drivers License) Yes: _____ No: _____

Are you on "lay-off" status and subject to recall? Yes: _____ No: _____

Are you restricted by a non-compete agreement with a current or former employer? Yes: _____ No: _____

Proof of Citizenship or immigration status will be required upon employment.



Equal Opportunity Employer

Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Company Name: _____ Company Phone Number: _____
 Address: _____ City: _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 May we contact this employer? Yes: _____ No: _____ Later: _____
 Reason for leaving: _____
 Did you or are you leaving voluntarily? Yes: _____ No: _____
 List your most significant duties and responsibilities: _____

Employed (Month and Year)
From: _____ To: _____
Starting Salary \$ _____/Per _____
Final Salary \$ _____/Per _____

Company Name: _____ Company Phone Number: _____
 Address: _____ City: _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 May we contact this employer? Yes: _____ No: _____ Later: _____
 Reason for leaving: _____
 Did you or are you leaving voluntarily? Yes: _____ No: _____
 List your most significant duties and responsibilities: _____

Employed (Month and Year)
From: _____ To: _____
Starting Salary \$ _____/Per _____
Final Salary \$ _____/Per _____

Company Name: _____ Company Phone Number: _____
 Address: _____ City: _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 May we contact this employer? Yes: _____ No: _____ Later: _____
 Reason for leaving: _____
 Did you or are you leaving voluntarily? Yes: _____ No: _____
 List your most significant duties and responsibilities: _____

Employed (Month and Year)
From: _____ To: _____
Starting Salary \$ _____/Per _____
Final Salary \$ _____/Per _____

Company Name: _____ Company Phone Number: _____
 Address: _____ City: _____ State: _____
 Job Title: _____ Name of Supervisor: _____
 May we contact this employer? Yes: _____ No: _____ Later: _____
 Reason for leaving: _____
 Did you or are you leaving voluntarily? Yes: _____ No: _____
 List your most significant duties and responsibilities: _____

Employed (Month and Year)
From: _____ To: _____
Starting Salary \$ _____/Per _____
Final Salary \$ _____/Per _____

Comments:



References

Give name, address and telephone number of three professional or personal references.

1. _____
2. _____
3. _____

Authorization

Please read carefully before signing:

I certify that all statements I have made on this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in the application for employment as may be necessary in arriving at an employment decision.

I understand that this employment application and any other company documents or manuals do not constitute contracts of employment, and any oral or written statements to the contrary are hereby expressed disavowed and should not be relied upon by any prospective or existing employee.

I hereby acknowledge that any employment relationship with this company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the company.

In the event of my 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 employer.

For D.O.T. positions: should a contingent offer of employment be made to me, I agree to submit myself to testing for the presence of illegal drugs or substances by a physician or laboratory designated by Butler Machinery Company. I understand and agree that any positive test results, or the refusal to submit to such testing, may result in disciplinary action up to and including immediate termination of employment.

This application is current for sixty (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to complete a new application.

I acknowledge that I have read the above statement and understand it.

Signature: _____ Date: _____





VOLUNTARY AFFIRMATIVE ACTION INFORMATION

(Completion of Information Below is Voluntary)

Government Agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment, or later advancement in employment.

Date _____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City _____ State _____ Zip _____

Telephone Number _____ Position(s) Applied For: _____

Referral Source:

- Newspaper ad
 Employee Referral
 Recruiter
 Tech School/College Placement
 Temporary Service
 State Employment Service
 Other

Name of Source (if applicable): _____

Check One Male Female

For Affirmative Action Plan purposes only, please check all of the following race/ethnic groups that apply:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

For those who are or have been in the military, please check if any of the following apply to you:

- "Special disabled Veteran"** - means (i) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans' Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.
 "Veteran of the Vietnam-era" - means a person who: (i) served on active duty in the U.S. military ground, naval or air service for a period of more than 180 days, and who was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty was performed (A) in the Republic of Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975 in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed (A) in the Republic or Vietnam between February 28, 1961 and May 7, 1975; or (B) between August 5, 1964 and May 7, 1975 in any other location.
 "Other Protected Veterans" - means veterans who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized. To determine whether or not you qualify for this, please go to <http://www.opm.gov/veterans/html/vgmedal2.htm>.