



Pre-Employment Drug & Alcohol Testing Policy

KMK Metal Fabricators, Inc. is committed to providing our employees with a safe working environment. To ensure the safety of our employees and to promote a drug-free working environment we have implemented a drug & alcohol testing program effective January 1, 2011.

Drug & Alcohol Testing Policy Guidelines

- Employees may not report to work under the influence of drugs or alcohol.
- Employees may not consume drugs or alcohol during assigned work hours, including any and all break periods.
- Prescription or over-the-counter drug use will be allowed if this use does not interfere with the employee's job duties and is medically necessary.
- Any employees found to be in violation of this policy will be subject to disciplinary action, which may include termination.

KMK Metal Fabricators, Inc. will administer drug-test on the following basis:

- Pre-Employment : This test is required and negative results must be received before the company allows a person to be employed by KMK Metal Fabricators, Inc. The pre-employment test is only for controlled substances although alcohol testing might be included. The test will be administered at KMK Metal Fabricators, Inc. prior to the applicants first day of employment. x _____
- Post-Accident: This applies to all employees involved in a work related accident at KMK Metal Fabricators, Inc. The alcohol test must done within 8 hours and the controlled substances test must be done within 32 hours of the accident. If a test is not completed within the required time after an incident, the company will prepare and maintain a file with a record stating the reasons the test was not done. x _____
- Random Testing: A random unannounced test can be done just before, during, or just after performance of safety functions. An employee is randomly selected for testing from a "pool" of employees. Random testing will be performed every other month at KMK Metal Fabricators, Inc. Once notified of selection for testing, an employee must proceed immediately to accomplish the test. X _____
- Reasonable Suspicion Testing: Required when a trained supervisor/employer has reasonable suspicion to believe that the employee has used alcohol and/ or controlled substances. X _____

As a condition of employment, all employees are required to submit to alcohol or controlled substances testing as outlined by this policy. X _____

I have read the above statement and understand that as a condition of employment at KMK Metal Fabricators, Inc. I will be required to submit to a drug test before my start date.

I understand that all information gathered from this form and from the drug test will remain strictly confidential and will be used to further my employment at KMK Metal Fabricators, Inc.

Signature of Job Applicant *Date*

Signature of Witness/ KMK *Date*

KMK Application Screening Survey

Please fill out this survey to give us an idea on how to handle your application process.

Please circle the appropriate experience that you may have in the following areas:

Operation	Setup	Operated	No Experience
Shear	X	X	X
CNC Turret	X	X	X
Laser	X	X	X
CNC Brake Press	X	X	X
Mig Welding	X	X	X
Tig Welding	X	X	X
Robotic Welder	X	X	X
Spotwelding	X	X	X
CNC Wire Benders	X	X	X
Tube Benders	X	X	X
Punch Press	X	X	X
CNC Mill/Lathe	X	X	X
Powder Paint	X	X	X

Do you have a valid driver's license?

Yes

No

Do you have your own reliable transportation?

Yes

No

Thank you for taking the time to apply at KMK Metal Fabricators, Inc.



408 East Broadway
Trenton, IL 62293
(618) 224-2000
(618) 224-2002 Fax

PRE-EMPLOYMENT QUESTIONNAIRE

1. Do you have a valid driver's license? _____
2. Do you have a Class "C" driver's license? _____
3. Do you have reliable transportation? _____
4. Can you work (10) to (12) hours overtime per week? _____
5. Can you work Saturday's? _____
6. If you are hired, do you know of any days you will be absent from work?

7. In what newspaper did you read our classified ad? _____

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

Are you seeking: Full-time Part-time Temporary employment? When could you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No
(If you are hired, you may be required to submit proof of age.)

Social Security # _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here? Yes No If yes, when? _____

Have you ever been convicted of any law violation? Include any plea of "guilty" or "no contest." Exclude minor traffic violations.) Yes No

If yes, give details _____
(A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any additional business or employment outside of our job? Yes No

If yes, give details _____

For Driving Jobs Only: Do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____ State Licensed In _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF SCHOOLS

Number of
Years
Completed

Diploma/
Degree/
Certificate

Subjects
Studied

High School or GED: _____

College or University: _____

Vocational or Technical: _____

What skills or additional training do you have that relate to the job for which you are applying? _____

What machines or equipment can you operate that relate to the job for which you are applying? _____

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____
SUPERVISOR(S)	TELEPHONE	Reason For Leaving
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING
NAME OF EMPLOYER		JOB TITLE AND DUTIES
ADDRESS		DATES OF EMPLOYMENT (MO/YR): FROM _____ TO _____
CITY, STATE, ZIP CODE		PAY: START \$ _____ FINAL \$ _____
SUPERVISOR(S)	TELEPHONE	REASON FOR LEAVING

Have you worked or attended school under any other names? Yes No
 If yes, give names: _____

Are you presently employed? Yes No
 If yes, whom do you suggest we contact? _____

Have you ever been fired from a job or asked to resign? Yes No
 If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and/or post-employment drug screen as a condition of employment, if required.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY MANAGEMENT, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. ONLY THE PRESIDENT OF THE ORGANIZATION HAS THE AUTHORITY TO ENTER INTO AN AGREEMENT OF EMPLOYMENT FOR ANY SPECIFIED PERIOD AND SUCH AGREEMENT MUST BE IN WRITING, SIGNED BY THE PRESIDENT AND THE EMPLOYEE. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

This application for employment will remain active for a limited time. Ask the organization's representative for details.