

APPLICATION FOR EMPLOYMENT MACHINE SHOP

BUDDE ENTERPRISES

4504 NE 36th Street
Newton, KS 67114
(316) 283-3366

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or non-job-related disability.

Name _____ Date of application _____
Last First Middle

Driver's License No. _____ Email Address _____

List your addresses of residency for the past 3 years.

Current Address _____

Street

City

Phone _____

How Long? _____

State

Zip Code

yr./mo.

Previous
Addresses

Street

City

State & Zip Code

How Long? _____

yr./mo.

Street

City

State & Zip Code

How Long? _____

yr./mo.

Street

City

State & Zip Code

How Long? _____

yr./mo.

Position(s) applying for:

Type of position desired: Full Time _____ Part Time _____ Temporary _____

Do have any objection to working overtime if necessary? Yes _____ No _____

Do you have any objection to working Saturdays? Yes _____ No _____

Are you willing to be on call? Yes _____ No _____

Can you travel if required to do so? Yes _____ No _____

How were you referred to us? _____

Do you have the legal right to work in the United States? _____

Date of Birth _____ / _____ / _____ Can you provide proof of age? _____
(Required for Commercial Drivers)

Are you currently employed? _____ What is/was your reason for leaving?

Rate of pay expected? _____

Will your previous employer give a favorable reference? _____ When would you be able to start work?

Have you ever been fired from a job? _____ If so, why? _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment - all circumstances will be considered.

Nearly every position requires the ability to perform service calls. Service calls are largely emergency situations and allow little notice. The majority of the service calls are day trips, but can occasionally last 2-3 days and would not exceed one week.

Is there any reason you might be unable to perform the functions of the job as described above?

If yes, please explain.

DRIVING EXPERIENCE & QUALIFICATIONS

DRIVER LICENSES

| STATE | LICENSE NO. | TYPE | EXPIRATION DATE |
|-------|-------------|------|-----------------|
| | | | |
| | | | |
| | | | |

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

IF THE ANSWER TO EITHER A OR B IS YES, GIVE DETAILS _____

C. Do you currently have a valid driver license? YES _____ NO _____

DRIVING RECORD

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE, IF NONE, "X" NONE

| NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.) | DATE | FATALITIES | INJURIES |
|--|------|------------|----------|
| | | | |
| | | | |
| | | | |

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS AND FORFITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS) IF NONE, "X" NONE

| LOCATION | DATE | CHARGE | PENALTY |
|----------|------|--------|---------|
| | | | |
| | | | |
| | | | |

(Attach sheet if more space is needed)

DRIVING EXPERIENCE

Equipment experience – if none, write NONE

| [| CLASS OF EQUIPMENT | TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.) | FROM DATE | TO DATE | APPROX. NO. OF MILES (TOTAL) |
|---|-------------------------|--|--------------|------------|---------------------------------|
| | STRAIGHT TRUCK | | | | |
| | TRACTOR & SEMI-TRACTOR | | | | |
| | TRACTOR – TWO TRAILERS | | | | |
| | MOTORCOACH – SCHOOL BUS | | | | |
| | OTHER | | | | |

LIST STATES OPERATED IN THE LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER: _____

WHICH SAFE DRIVING REWARDS DO YOU HOLD AND FROM WHOM? _____

EXPERIENCE AND QUALIFICATIONS – OTHER

SHOW ANY TRUCKING, TRANSPORTATION OR OTHER EXPERIENCE THAT MAY HELP IN YOUR WORK FOR THIS COMPANY _____

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIALS YOU CAN WORK WITH (OTHER THAN THOSE ALREADY SHOWN) _____

JOB SKILLS & QUALIFICATIONS

Job skill experience – if none, write NONE

| Job Skill | Yrs of Exp | Capacity of Exp (Job or Personal) |
|---------------------------------|------------|-----------------------------------|
| CNC LATHE | | |
| CNC MILL | | |
| CNC PROGRAMMING | | |
| MANUAL LATHE | | |
| MANUAL MILL | | |
| CNC TORCH OPERATION | | |
| QUALITY INSPECTIONS | | |
| MACHINE DIAG & REPAIR | | |
| FORKLIFT EXPERIENCE | | |
| WELDING EXPERIENCE | | |
| DESIGNING OR BLUE PRINT READING | | |
| METAL SHEAR EXPERIENCE | | |
| METAL BRAKE EXPERIENCE | | |

| | | |
|--|--|--|
| ELECTRICAL EXPERIENCE | | |
| BASIC VEHICLE SERVICES (OIL CHANGE AND MAINT) | | |
| GENERAL HYDRAULIC EXPERIENCE | | |
| CARPENTRY SKILLS | | |
| CAD DESIGN | | |
| PHONE SKILLS (ORDERING PARTS/TECHNICAL DATA) | | |

Please give details about your Machining experience and in what settings you have gained your experience.

What measuring tools do you own?

EDUCATION & TRAINING

Circle highest grade completed: 1 2 3 4 5 6 7 8 High School: 1 2 3 4 College: 1 2 3 4

Last school attended _____

(Name) (City)

List courses, special training or licenses other than shown elsewhere in this application _____

List special equipment or technical materials you can work with (other than those already shown) _____

Employment History

All driver applicants to drive interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial vehicle motor vehicle* in intrastate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle. (NOTE: List employers in reverse order starting with the most recent.)

| Employer | Date |
|----------------|--------------------|
| Name | From To |
| Address | Position Held |
| City State Zip | Salary/Wage |
| Contact Person | Reason for leaving |

| Employer | Date |
|----------------|--------------------|
| Name | From To |
| Address | Position Held |
| City State Zip | Salary/Wage |
| Contact Person | Reason for leaving |

| Employer | Date |
|----------------|--------------------|
| Name | From To |
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| Employer | Date |
|----------------|--------------------|
| Name | From To |
| Address | Position Held |
| City State Zip | Salary/Wage |
| Contact Person | Reason for leaving |

| Employer | | | Date | |
|----------------|-------|-----|--------------------|----|
| Name | | | From | To |
| Address | | | Position Held | |
| City | State | Zip | Salary/Wage | |
| Contact Person | | | Reason for leaving | |

*Includes vehicles having a GVWR of 26,001 lbs. or more, vehicles designed to transport 15 or more passengers, or any size vehicle used to transport hazardous materials in a quantity requiring placarding.

Emergency Contact Information

Budde Enterprises, Inc., need at least 2 emergency contacts listed at all times. If your contact information changes at any time, you are responsible for providing us new contacts and information.

| Name | Relationship | Phone Number | 2 nd Phone Number |
|------|--------------|--------------|------------------------------|
| | | | |
| | | | |
| | | | |

CHARACTER REFERENCES

List three character references, **including at least one previous employer.**

| Name | Address, City, State & Zip | Phone Number | Relationship/Years Acquainted |
|------|----------------------------|--------------|-------------------------------|
| | | | |
| | | | |
| | | | |

TO BE READ AND SIGNED BY THE APPLICANT

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

I authorize you to make such investigations and inquire of my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquires 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 inquires 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 termination. I also understand that I am required to abide by all the rules and regulations of the company.

APPLICANT'S SIGNATURE

DATE

**Budde Enterprises Inc.
Newton, KS**

EMPLOYER DISCLOSURE AND AUTHORIZATION FOR RELEASE OF INFORMATION

As part of our hiring background and investigation, and continuing employment practices, we may obtain employee driving history records. Under the provisions of the Drivers' Privacy Protection Act of 1994 (18 U.S.C. § 2721) before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation.

EMPLOYEE AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

Under the provisions of the said Drivers' Privacy and Protection Act and all applicable federal, state, and local laws, I hereby authorize and permit **Budde Enterprises Inc.** (Employer) to obtain:

1. Records concerning any driving, criminal history, workers' compensation (post-offer only) and drug testing;
2. (For truck drivers only) In accordance with the Department of Transportation Motor Carrier Safety Regulations, Section 382.413, information concerning alcohol and controlled substances for the past 2 years;

I agree that a copy of this authorization has the same effect as an original.

I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Employer from my liability that might otherwise result from the request for use of and/ or disclosure of any or all of the foregoing information.

Drivers License # _____ SS# _____ DOB _____

Full Name _____ (Please print clearly) _____ Signature _____ Date _____

Budde Enterprises Inc.
FCRA DISCLOSURE AND AUTHORIZATION STATEMENT

All applicants for employment: Please read carefully before signing below.

As part of its employment application process, I understand that Budde Enterprises Inc. HEREIN REFERRED TO AS "THE COMPANY" may obtain or have prepared a consumer/investigative consumer report concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, criminal background, driver's license history or mode of living.

I understand that upon written request to the company I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of such investigation. I understand that an investigative consumer report is a report in which, information regarding my character, general reputation, personal characteristics, or mode of living, is obtained through personal interviews with neighbors, friends, or associates with whom I am acquainted.

By signing below, I authorize the company, to obtain a consumer/investigative consumer report on me as part of its pre-employment background investigation process. If I am offered employment by company I further authorize the company, to obtain additional consumer/investigative consumer reports on me for employment purposes at any time during my employment.

Attached to this form is *A Summary of Your Rights Under the Fair Credit Reporting Act*. Please retain this copy for your information. Please initial here _____ that you were provided with a copy of your rights and that you have removed it from this form.

By signing below, I also acknowledge that company has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Name of Applicant (please print): _____

Signature of Applicant: _____

Applicant's Date of Birth _____

Applicant's Social Security Number _____

Applicant's Driver's License Number & Issuing State _____

Applicant's Home Address _____

Date: _____

Budde Enterprises Inc. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, religion, national origin, marital status, physical or mental handicap or arrest record or any other status protected by law. The information provided by the applicant to perform a pre-employment background check is only used for the purpose of identifying the applicant so a check may be performed.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;

- you are on public assistance;
- you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

| TYPE OF BUSINESS: | CONTACT: |
|--|--|
| 1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates b. Such affiliates that are not banks, savings associations, or credit unions also should list, | a. Consumer Financial Protection Bureau 1700 G Street, N.W. Washington, DC 20552 b. Federal Trade Commission: Consumer Response Center – FCRA |

| | |
|--|--|
| <p>in addition to the CFPB:</p> | <p>Washington, DC 20580 (877) 382-4357</p> |
| <p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p> | <p>a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center P.O. Box. 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p> |
| <p>3. Air carriers</p> | <p>Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p> |
| <p>4. Creditors Subject to the Surface Transportation Board</p> | <p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p> |
| <p>5. Creditors Subject to the Packers and Stockyards Act, 1921</p> | <p>Nearest Packers and Stockyards Administration area supervisor</p> |
| <p>6. Small Business Investment Companies</p> | <p>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8 Floor Washington, DC 20416</p> |
| <p>7. Brokers and Dealers</p> | <p>Securities and Exchange Commission 100 F Street, N.E.</p> |

| | |
|--|--|
| | Washington, DC 20549 |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090 |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above | FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357 |

PROCESS RECORD

Applicant hired _____ Rejected _____

Date employed _____

This section to be filed in by company representative

| | SUPERIOR | GOOD | FAIR | BELOW AVERAGE | POOR | WRITTEN RECORD ON FILE |
|--------------------------------|----------|------|------|------------------|------|------------------------------|
| APPLICATION | | | | | | |
| INTERVIEW | | | | | | |
| PAST EMPLOYMENT | | | | | | |
| WRITTEN TEST | | | | | | |
| ROAD TEST | | | | | | |
| CRIMINAL & TRAFFIC CONVICTIONS | | | | | | |

TERMINATION OF EMPLOYMENT

Date Terminated _____ Eligible for rehire? Yes _____ No _____

Dismissed _____ Voluntarily quit _____ Other _____