

Mikul, Inc. d/b/a Mico Machine Co.

P.O. Box 429
LaGrange, TX 78945

MIKUL, INC. D/B/A MICO MACHINE CO.'S APPLICATION FOR EMPLOYMENT

EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER

DRUG-FREE WORKPLACE

The Company does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, veteran status or status with any other group protected by federal, state or local laws.

The Company is committed to maintaining a drug-free workplace. Applicants and employees of The Company may be subjected to random drug tests that are in compliance with federal and state laws.

MESSAGE TO APPLICANT

Thank you for applying for a position with the Company. We appreciate the time you are giving to complete this application form. It is important that you fully and accurately complete this form yourself and indicate the position(s) for which you wish to be considered. This application is valid for thirty (30) days from the date that you submit it.

The following must be filled out completely for your application to be considered
[Please Print]

PERSONAL INFORMATION:

Name: _____
Last First Middle

Business Telephone: () _____ Home Telephone: () _____

Social Security Number: _____

Driver's License Number: _____ State Issued: _____

Present Address: _____
No. Street City State Zip

If hired, do you have a reliable means of transportation to and from work?..... Yes No

Are you at least 18 years old?..... Yes No

If hired, can you present evidence of your legal right to work in this country? Yes No

(Note: All employees of the Company must have proper authority to work in the United States.)

Have you ever been terminated from a job? Yes No Please explain: _____

Have you ever, under your name or another name, been convicted of or pleaded guilty or nolo contendere to a criminal offense other than a minor traffic violation? Yes No

If yes, please state the nature of the offense and disposition of the case. Include dates and places. Felony convictions or existence of a criminal record does not constitute an automatic bar to employment. _____

EMPLOYMENT DESIRED: Position applying for: _____

Are you applying for (please check one):

Regular full-time work?	Regular part-time work?	Temporary work, e.g. summer or holiday work?
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What days and hours are you available to work? _____

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
Earliest Time							
Latest Time							

Are you available for work on weekends?..... Yes No

Would you be available to work overtime, if necessary?..... Yes No

If hired, on what date can you start work? _____ Wages Desired: _____

Have you ever applied to or worked for the Company? Yes No If yes, when? _____

Do you have any friends or relatives working for the Company? Yes No If yes, name(s) and relationship(s) _____

Why are you applying for work at the Company? _____

EDUCATION, TRAINING AND EXPERIENCE:

<u>School (Include Name & Address):</u>	<u>No. of Years Completed</u>	<u>Degree or Diploma</u>	<u>Did you Graduate?</u>
High School: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vocational/Business: _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at the Company?

Yes No Explain: _____

List any Computer Programs with which you are familiar: _____

EMPLOYMENT HISTORY: List below all present and past employment for the last ten (10) years, starting with your recent employer. You *must* complete this section even if attaching a resume. (Note: Attach additional page(s), if necessary)

Are you employed now? Yes No If yes, may we inquire of your present employer? Yes No

1. Name of Employer: _____

Address: _____

No. Street City State Zip

Telephone No.: () _____ Your Supervisor's Name: _____

Type of Business: _____ Were you terminated? Yes No

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ Hourly Monthly Ending: _____

Exact Reason for Leaving: _____

2. Name of Employer: _____

Address: _____

No. Street City State Zip

Telephone No.: () _____ Your Supervisor's Name: _____

Type of Business: _____ Were you terminated? Yes No

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ Hourly Monthly Ending: _____

Exact Reason for Leaving: _____

3. Name of Employer: _____

Address: _____
 No. Street City State Zip

Telephone No.: (_____) _____ Your Supervisor's Name: _____

Type of Business: _____ Were you terminated? Yes No

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ Hourly Monthly Ending: _____

Exact Reason for Leaving: _____

4. Name of Employer: _____

Address: _____
 No. Street City State Zip

Telephone No.: (_____) _____ Your Supervisor's Name: _____

Type of Business: _____ Were you terminated? Yes No

Your Position and Duties: _____

Date of Employment: From: _____ To: _____

Earnings: Starting: _____ Hourly Monthly Ending: _____

Exact Reason for Leaving: _____

AUTHORIZATION

**PLEASE READ THE FOLLOWING CAREFULLY, INITIAL EACH PARAGRAPH, THEN SIGN BELOW
PLEASE COMPLETE AND SIGN ANY SEPARATE DOCUMENTS WHICH MAY BE ATTACHED**

PERSONALLY COMPLETED FORM HONESTLY AND ACCURATELY

BY MY SIGNATURE AND INITIALS PLACED BELOW, I PROMISE THAT I HAVE PERSONALLY COMPLETED THIS APPLICATION. I DECLARE UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED IN THIS EMPLOYMENT APPLICATION (AND ACCOMPANYING RESUME, IF ANY) IS TRUE AND COMPLETE, AND I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS MAY DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND MAY BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT IF DISCOVERED AT A LATER DATE. I UNDERSTAND THAT ANY JOB OFFER WILL BE CONDITIONAL BASED ON THE SATISFACTORY REVIEW OF MY QUALIFICATIONS INCLUDING ANY AND ALL BACKGROUND OR DRUG SCREENING WHICH MAY BE REQUIRED. _____INITIALS

AUTHORIZATION TO OBTAIN INFORMATION

I VOLUNTARILY AND KNOWINGLY AUTHORIZE ANY PRESENT OR PAST EMPLOYER; SUPERVISOR; ADMINISTRATOR; EDUCATIONAL INSTITUTION; LAW ENFORCEMENT AGENCY; STATE, LOCAL, OR FEDERAL AGENCY; PRIVATE BUSINESS; MILITARY BRANCH; PERSONAL REFERENCE; AND/OR OTHER PERSONS; TO GIVE RECORDS OR INFORMATION THEY MAY HAVE CONCERNING MY CRIMINAL HISTORY, EDUCATIONAL HISTORY, EMPLOYMENT (INCLUDING CHARACTER, EARNINGS HISTORY AND REASONS FOR TERMINATION) OR ANY OTHER INFORMATION REQUESTED BY THE COMPANY TO DETERMINE MY ELIGIBILITY FOR EMPLOYMENT. _____INITIALS

RELEASE

I VOLUNTARILY WAIVE ALL RECOURSE AND RELEASE ANY COMPANY, INDIVIDUAL OR ORGANIZATION FROM LIABILITY FOR COMPLYING WITH ANY REQUEST FROM THE COMPANY OR AGENTS OF THE COMPANY TO OBTAIN ANY INFORMATION FROM ANY SOURCE WHATSOEVER RELATING TO MY APPLICATION FOR EMPLOYMENT. I FURTHER RELEASE THE COMPANY OR ANY INDIVIDUAL WITHIN THE COMPANY REGARDING THE USE OF ANY INFORMATION RECEIVED WHICH MAY HAVE BEARING ON MY APPLICATION FOR EMPLOYMENT. _____INITIALS

COMPLIANCE WITH RULES

IF I BECOME EMPLOYED, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE COMPANY _____INITIALS

AGREEMENT FOR ARBITRATION

I HEREBY AGREE TO SUBMIT TO BINDING ARBITRATION OF ALL DISPUTES AND CLAIMS ARISING OUT OF THE SUBMISSION OF THIS APPLICATION. I FURTHER AGREE, IN THE EVENT THAT I AM HIRED BY THE COMPANY, THAT ALL DISPUTES THAT CANNOT BE RESOLVED BY INFORMAL INTERNAL RESOLUTION WHICH MIGHT ARISE OUT OF MY EMPLOYMENT WITH THE COMPANY, WHETHER DURING OR AFTER THAT EMPLOYMENT, WILL BE SUBMITTED TO BINDING ARBITRATION PURSUANT TO THE COMPANY'S DISPUTE RESOLUTION POLICY. (see separate Agreement) _____INITIALS

AT-WILL EMPLOYMENT

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW WHICH MAY BE GRANTED, OR DURING MY EMPLOYMENT IF HIRED, IS INTENDED TO ALTER THE AT-WILL EMPLOYMENT RELATIONSHIP WITH THE COMPANY _____INITIALS

I certify that all of the information provided by me on this Application is true and accurate.

Signature: _____

Date: _____

Print Name: _____

THE COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER. IT IS THE POLICY OF THIS COMPANY TO CONSIDER ALL JOB APPLICATIONS ON THE BASIS OF MERIT WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, PREGNANCY, AGE, NATIONAL ORIGIN, MARITAL STATUS, VETERAN STATUS, DISABILITY, OR ANY OTHER PROTECTED CHARACTERISTIC.