



**FMC Employment Application**

**Personal Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Date of Birth: \_\_\_\_\_ Are you at least 18yrs old?: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street City State Zip*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Last First Phone*

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever been convicted of a felony or misdemeanor? YES  NO

If yes, explain: \_\_\_\_\_

Do you have a valid driver's license? YES  NO

Do you have reliable transportation? YES  NO

Are you able to report to work at 6am and work until 5pm (as needed), Monday thru Friday? YES  NO

Employment with FMC is subject to a pre-employment drug test and random drug tests at random. Are you able to meet those expectations? YES  NO



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Is there any reason you would be unable to perform any of the physical duties explained in the job posting or job description?

YES NO

If yes, explain: \_\_\_\_\_

Is there any reason you would be unable to follow the COVID policy you were instructed to review?

YES NO

If yes, explain: \_\_\_\_\_

Have you ever been discharged or asked to resign by an employer?

YES NO

If yes, explain: \_\_\_\_\_

**Position Information**

Position Applying for: \_\_\_\_\_

Desired Salary: \_\_\_\_\_

Date Available: \_\_\_\_\_

Have you worked for FMC or applied to work at FMC?

YES NO

If yes, please explain when, length of employment, your position and the reason for leaving: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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**Past / Present Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO



## FMC Employment Application

### Education

Last School/College Attended: \_\_\_\_\_ City, State: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO

If yes, what degree/certification did you earn: \_\_\_\_\_  
If no, what was the last grade/course completed? \_\_\_\_\_

Special qualifications/skills: \_\_\_\_\_  
\_\_\_\_\_

### References

*Please list at least 1 reference we may contact.*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_  
Phone/Email: \_\_\_\_\_



## **FMC Employment Application**

### **Application Agreement**

*I certify that the answers given herein and during the entire application process (including but not limited to information provided in resumes, attachments to this application, interviews or otherwise (if applicable)) are true and complete to the best of my knowledge. I understand that any misrepresentations, omissions of facts or incomplete answers during the application process may disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts during the application process may be cause for my dismissal at any time without prior notice. I consent to and authorize Fine Metals Corporation and ADP TotalSource® to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give Fine Metals Corporation or ADP TotalSource (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing a good faith reference. I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT IS NOT FOR A SPECIFIC TERM, IT IS BASED ON MUTUAL CONSENT AND MAY BE TERMINATED BY ME OR FINE METALS CORPORATION OR ADP TOTALSOURCE WITH OR WITHOUT NOTICE OR CAUSE AT ANY TIME. I FURTHER UNDERSTAND THAT NO ORAL PROMISE, EMPLOYER POLICY, CUSTOM, BUSINESS PRACTICE OR OTHER PROCEDURE (INCLUDING THE BASIC EMPLOYMENT POLICIES, PERSONNEL HANDBOOK OR ANY PERSONNEL MANUALS) CONSTITUTES AN EMPLOYMENT CONTRACT OR MODIFICATION OF THE AT-WILL EMPLOYMENT RELATIONSHIP BETWEEN ME AND FINE METALS CORPORATION OR ADP TOTALSOURCE. I ALSO UNDERSTAND THAT MY AT-WILL EMPLOYMENT STATUS WITH FINE METALS CORPORATION MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE OWNER, PRESIDENT OR CEO OF FINE METALS CORPORATION AND THAT MY AT-WILL STATUS WITH ADP TOTALSOURCE MAY ONLY BE ALTERED IN AN INDIVIDUAL CASE OR GENERALLY IN A WRITING SIGNED BY THE PRESIDENT OF ADP TOTALSOURCE. I understand that I may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination or take a pre-employment drug test. If I am offered employment or start work before any required test is completed, I understand that my employment is contingent on a satisfactory result on all required tests. I authorize Fine Metals Corporation and ADP TotalSource to release the results of my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to each other and to other ADP TotalSource clients for whom I have applied for employment, and release Fine Metals Corporation, ADP TotalSource and its clients from any and all claims related to the lawful release of this information. I further authorize the release of any background check results and of any drug/alcohol test to any state or federal authority requesting such information and in response to a valid subpoena or other legal document.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_