



# JMI PUMP SYSTEMS

Your Partners in Pumping Since 1958

## Application for Employment

W194 N11695 McCormick Dr.  
Germantown, WI 53022

1-800-234-5490 [www.jmipumps.com](http://www.jmipumps.com)

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

*Please print*

Position(s) Applied For:			Date of Application:		
Last Name:		First Name:		Middle Name:	
Address:	Number	Street	City	State	Zip
Telephone Number(s):			Email Address:		
The best time to contact you at home is between _____ am/pm and _____ am/pm					
Have you been convicted of a felony?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have a valid driver's license?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<i>Please provide a copy of a valid driver's license if the job description requires, thank you.</i>					
Are you currently employed?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
May we contact your present employer?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?					
<i>Proof of citizenship or immigration status will be required upon employment</i>			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Can you travel if the job requires it?			<input type="checkbox"/> Yes	<input type="checkbox"/> No	

## Education

	Name & Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.


List Professional, trade, business or civic activities and offices held.

*You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:*


## Employment Experience

Please attach your resume and include the information below for each past employment experience listed.		
Employer:	Dates Employed	
	From:	To:
Address	Salary	
	Starting:	Final:
Telephone Number(s)		
Job Title:	Supervisor:	
Reason for leaving		

State any additional information you feel may be helpful to us in considering your application


Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of activities involved in such a job or occupation has been given.                      \_\_\_\_\_ Yes                      \_\_\_\_\_ No

## References

1. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

4. Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

## Applicant's Statement

I certify that the answers given herein are true and complete.

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

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should enquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of and "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 this "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 this organization.

In the event of 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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date