



Pro Line Machining LLC
PO Box 1927
8 RCS CT
Gillette, WY 82717
(307) 696-3176
prolinemachiningllc@gmail.com

REQUEST TO HIRE FORM

Supervisors: Please fill out this form when you would like to hire a new employee. Each new hire must be approved by two supervisors. Upon completion of a passed weld test, please have the potential new hire fill out a background check authorization form and **get a copy of their drivers license**. Upon approval of their weld test and background check, the applicant will be required to submit a pre-employment drug screening and complete all paperwork before employment begins. If the applicant fails the drug screening or refuses, the applicant will be responsible for any costs accrued for any and all pre-employment testing.

Date	Potential New Hire Name	Position
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Requested Start Date	Requested Wage Amount
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How did the applicant score on job testing? Applicants strongest and weakest attributes

Has this applicant worked at Pro Line Machining before? If so, what was the reason for leaving?

Supervisor Requesting Hire	Signature	Date
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Background Check:

- Approved
- Not Approved

Approved or Not Approved for Hire? _____

Superintendent Printed Name	Signature	Date
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CAMPBELL COUNTY SHERIFF'S OFFICE

SCOTT MATHENY, SHERIFF

Date: _____

I, _____, address of _____, date of birth _____, hereby authorize the Campbell County Sheriff's Office to release to myself, or _____, any information maintained in its local records.

Applicant's Signature

The foregoing instrument was acknowledged before me by _____, this _____ day of _____, 20_____.

Notary Public

My commission expires: _____

OFFICE USE ONLY

Date: _____

A local records check (not an N.C.I.C. check) was done on _____, date of birth _____, with the following results:

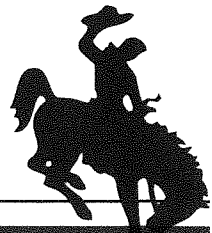
_____ No local record found

_____ Local record/contact found, see below:

1. _____
2. _____
3. _____
4. _____
5. _____

C.C.S.O. Employee releasing information: _____

Serving Campbell County Since 1911





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RELEASE, ASSUMPTION OF RISK & AGREEMENT TO HOLD HARMLESS

I am aware that participating on the Pro Line Machining LLC premises may be a dangerous activity involving A RISK OF INJURY ranging from minor injury to serious injuries such as paralysis or even death. I am aware that such an injury can limit my future life activities, including future earning capacity. Because of the potential dangers and risks, I recognize the importance of following instructions provided and I agree to follow all directions.

In consideration of Pro Line Machining LLC, providing me with the opportunity to participate, I hereby assume all the associated risks and agree to hold Pro Line Machining LLC, its trustees, officers, employees, agents, representatives, instructors and other from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation. The terms hereof shall serve as a release and assumption of risk for myself, my heirs, estate, executor, administrator, assignees and for all members of my family.

I have read the above statement and fully understand the contents, consequences and implications of signing this document.

Any employees or non employees under the consumption of alcohol, drugs, or are impaired in any way are at their own risk of being injured and are responsible for any and all damages not limited to property, equipment, or SELF. I, _____, am responsible for any and all medical bills related to any accidents or injuries while I am impaired in ANY WAY.

Printed Name

Signature

Date