

APPLICATION FOR EMPLOYMENT®

All applicants will receive consideration for employment without regard to race, color, religion, sex, pregnancy, age, marital status, national origin, physical or mental handicap. The following information is requested in order to help us make the best possible placement within the Company. Our Company subscribes to a DRUG FREE WORK PLACE. YOU MAY BE REQUIRED TO SUBMIT TO A DRUG SCREEN AS PART OF YOUR INITIAL APPLICATION PROCESS. All portions of this application pertaining to you must be completed. Please do not refer to information on your resume.

We appreciate the time you spend completing this application.

| | | POSITION DESIRED |
|--|--|--|
| Position Applied For: | Location: | Date you can start: |
| Full Time? [] Yes [] No | Salary requirement \$ | [] hourly [] monthly |
| Have you ever worked for this compa | ny?[] Yes[] No If yes, what was | the last date of employment? |
| | | PERSONAL |
| SOCIAL SECURITY NUMBER: NAME: Last | First | Middle Initial |
| Present Address: | | |
| Street Phone Number: () | City Message l | State Zip Number () |
| investigation private and co | npany to keep all informa nfidential. Please read a | KGROUND INVESTIGATION ation we receive during any background and sign the statement below allowing the statement below allowing the statement below. |
| verify any information I have gor my suitability for employme so contacted, and waive all n similar cause of action, against that the information I supply w | signed Company representative given on this application, or tent. I further agree to having my rights to bring any action anyone contacted as a result will be checked and that any for for Employment will result | re contact anyone necessary to investigate or o discuss my background, past performance, my work background discussed by any person for defamation, invasion of privacy, or any of what is said about me. I also understand also statement or omission of fact or facts in in no offer of employment or dismissal from |
| Signature: | | Date: |

Form 0203 EZ-HRTM (Rev 5/00)

WORK EXPERIENCE

Please account for all time for the last five (5) years. Include periods of unemployment and any prior employment by this Company. Begin with your most recent job. Use a separate sheet of paper if needed. DO NOT REFERENCE RESUME.

| Present Employer | Address | From Mo/Yr To Mo/Yr | |
|---|--------------|---------------------------|--|
| Name and title of your supervisor | Phone Number | Starting Salary, Mo/Hrly? | |
| Your title and description of your duties: | | Ending Salary, Mo/Hrly? | |
| | | Reason for Leaving? | |
| | | | |
| | | | |
| Employer | Address | From Mo/Yr To Mo/Yr | |
| Name and title of your last supervisor | Phone Number | Starting Salary, Mo/Hrly? | |
| Your title and description of your duties: | | Ending Salary, Mo/Hrly? | |
| | | Reason for Leaving? | |
| | | | |
| | | | |
| Employer | Address | From Mo/Yr To Mo/Yr | |
| Name and title of your last supervisor Phone Number | | Starting Salary, Mo/Hrly? | |
| Your title and description of your duties: | | Ending Salary, Mo/Hrly? | |
| | | Reason for Leaving? | |
| | | | |
| | | | |
| Employer | Address | From Mo/Yr To Mo/Yr | |
| Name and title of your last supervisor Phone Number | | Starting Salary, Mo/Hrly? | |
| Your title and description of your duties: | | Ending Salary, Mo/Hrly? | |
| | | Reason for Leaving? | |
| | | | |
| | | | |

REFERENCES

| i icase his two former supervisors and/or associates who are acquainted with your work periorman | Please list two former supervisors a | and/or associates wh | ho are acquainted with | vour work performance |
|--|--------------------------------------|----------------------|------------------------|-----------------------|
|--|--------------------------------------|----------------------|------------------------|-----------------------|

| Name | Organization | Area Code and Business Phone |
|----------------------|--------------|------------------------------|
| Title | Home Address | City, State, Zip |
| Working Relationship | | Area Code and Home Phone |
| Nama | Overeinsting | Avec Code and Dunings Dhare |

| Name Organization Area Code a | | Area Code and Business Phone |
|-------------------------------|--------------|------------------------------|
| Title | Home Address | City, State, Zip |
| Working Relationship | | Area Code and Home Phone |

GENERAL INFORMATION

Federal law prohibits the employment of unauthorized persons. Should you be hired, satisfactory proof of employment authorization and identity will be required within three (3) working days of hire. Failure to submit such proof within the required time will result in immediate dismissal.

| | Yes | No | |
|--|-----|----|--------|
| If hired, can you furnish proof of citizenship or authorization to work? | | | |
| If you are under the age of 18 years old, do you have a work permit? | | | [] n/ |
| If required, would you be willing to work: Shifts? | | | |
| Weekends? | | | 1 |
| Holidays? | | | |
| Are you able to perform the essential functions of the job for which you are applying, with or without reasonable accommodations, in a safe or efficient manner? | | | |
| Have you ever been convicted of a felony in the past five (5) years? * If yes, explain on this form. | | | |
| Do you have any relatives or personal friends working for the Company? | | | |
| If yes, who? | | | _ |
| Relationship: | | | |
| Have you ever been refused a fidelity bond? | | | |

^{*}The existence of any conviction of any crime does not constitute an automatic bar to employment consideration.

MOTOR VEHICLE OPERATION

| [] If this box has been checked, your job requires the operation of a motor vehicle. Complete the following: | | | | | |
|---|--------------------------|---------------------------------|----------------|--|--|
| Do you have a driver's license? [] Yes [] No If yes, answer the following questions: | | | | | |
| What state issued your driver's license? | Driver's License Number: | Expiration | Date: | | |
| Type or Class of License: | | Is your driver's license valid? | [] Yes [] No | | |
| Have your driving privileges ever been suspended or revoked? [] Yes [] No | | | | | |

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SKILLS AND LICENSES

| | rofessional skills and/or certificates, lepplying. Be specific, for example, Tieve are important, list them. | _ | • • • | |
|--|--|---|---|--|
| | | | | |
| | | | | |
| | |] | MILITARY S | SERVICE |
| Were you a member of the mili | tary services? Yes [] No [] | | | |
| - | ring question. Have you obtained any specific | ecial skills or abilities as a | result of service in the | military that would |
| | ch you have applied? [] Yes [] No | cetal skins of admities as a | result of service in the | c inintary that would |
| If yes, please describe: | | | | |
| ii yes, picase describe. | | | | |
| | | | | |
| | | | EDI | CATION |
| | | | LDC | CHILOIV |
| | | # OF VEADS | DID YOU | CLIDIECTC |
| SCHOOL | CITY AND STATE | # OF YEARS ATTENDED | GRADUATE? | SUBJECTS STUDIED |
| HIGH SCHOOL | | HITTEL (DED | GILLID CHILLY | STUDIES |
| COLLEGE | | | | |
| COLLEGE | | | | |
| TRADE / | | | | |
| BUSINESS SCHOOL | | | | |
| TRADE / | | | | |
| BUSINESS SCHOOL | | | | |
| Explanation for any secti | ion requiring further information | on: | 1 | |
| <u> </u> | | | | |
| | | | | |
| | | | | |
| | | | | |
| I certify that answers given in a this application could result in after completing this application followed. I agree that if I am a I understand the Company is an date or payment of wages. If made during any application of President of the Company. | SECTION BEFORE YOU SIG this application are true and complete to my separation from the Company. I under on or following a job interview. I under employed I will follow the rules of the Con at-will employer, which means that any of I am employed, such employment may for interview process can be relied upon | o the best of my knowledge derstand the employer is n rstand the Company has company or be subject to di w term of employment is fo w be ended with or withou w unless such agreements | e. I understand that a ot obligated to offer the vertain rules and procesciplinary action that or no definite period of ut cause or notice. are in writing and su | iny false statements on the position to me, even redures, which must be could mean dismissal. If time regardless of the No verbal agreements igned by the owner or |
| | vires me, my employment is conditional ne completion of any post-employment re- | | | ızanon ana taeniny as |
| Your Signature: | | Date of | Application: | |
| Form 0203 EZ-HR TM (Rev 5/00) | | | | |