

APPLICATION FOR EMPLOYMENT	<h1 style="margin: 0;">Layton Manufacturing Company</h1>
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Notice: False or misleading information provided on this application or during interviews, if discovered after employment, may result in discharge. We do not discriminate because of national origin, sex, marital status, age, creed, race or the presence of disabilities. This is not an employment contract. Any contracts made must be in writing and signed by both parties. Offers of employment may require you to complete a medical history form for review by a medical professional to ensure you can accomplish the essential functions of the position for which you are applying. **This is a drug free workplace.**

Use extra paper to answer questions if necessary

Current Status

(Please print)

Position(s) Applying For		Date of Application	Home Phone:	
Last Name		First Name	M.I.	
Address: Number	Street	City	State	Zip Code
Expected Salary/Wage:	Available for (circle): Fulltime Part Time Shift Work Temporary			Date you can start:
Specify desired hours and/or days:				

Are you legally able to work in the United States? YES NO

If hired you will be required to submit proof of U.S. citizenship or lawful alien status.

Employment Experience

(Start with your present or last job. Do not skip any, even if only employed for a short time.)

May we contact your current employer, supervisor and co-workers? YES NO Not currently employed

May we contact **previous** employers, supervisors and co-workers? YES NO

1	Employer	Supervisor's Name	Supervisor's Phone Number	May We Contact?	
				YES	NO
Address: City		State	Reason for Leaving		
Dates (From)	(To)	Job Duties		Begin Pay	End Pay

2	Employer	Supervisor's Name	Supervisor's Phone Number	May We Contact?	
				YES	NO
Address: City		State	Reason for Leaving		
Dates (From)	(To)	Job Duties		Begin Pay	End Pay

3	Employer	Supervisor's Name	Supervisor's Phone Number	May We Contact?	
				YES	NO
Address: City		State	Reason for Leaving		
Dates (From)	(To)	Job Duties		Begin Pay	End Pay

What did you like most about your job?

What did you like least about your job?

Education

School	Elementary School	High School	College/Univ./Trade	Graduate/Professional
Name				
Location				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree	YES NO	YES NO	YES NO	YES NO
Describe Course of Study				

Skills and Training

List below, any education or training that you think applies to the job for which you are applying:

List three words to describe yourself:

Previous Address

Street	City	State	How Long There?

If Applying for a Position Which Requires Driving

Do you own or have use of a car? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you have a valid drivers License? <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have a Commercial Driver's License (CDL)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a Chauffeur' License? <input type="checkbox"/> YES <input type="checkbox"/> NO
Is your car or the car you will use, covered by the minimum liability insurance required by state law? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you had any license, permit or driving privilege suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> NO If YES, explain:	

Note: If hired you will be required to show us your driver's license. Please note traffic violations (other than parking) and automobile accidents incurred during the past three years:

General Information

How, by whom where you referred to us?
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> NA <input type="checkbox"/> YES <input type="checkbox"/> NO
I (Have/Have Not) been given a written job description for this position. I (Do/Do Not) understand the job requirements.
Are you able to perform the duties as described? <input type="checkbox"/> YES <input type="checkbox"/> NO
Explain reason for unemployment of three (3) or more weeks in the last three years:
Do you have a reliable method of transportation to get to work? <input type="checkbox"/> YES <input type="checkbox"/> NO
Have you pled guilty or been convicted of a felony? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, explain. Include dates and places:

Have you ever used a different name or nickname necessary for us to verify your work records? YES NO
 If yes, please provide names and dates used:

Have you ever been terminated from a job for any of the following reasons? YES NO If yes, please indicate:
 Poor Attitude Excessive Tardiness Not showing up for work
 Transportation Problems Fighting Other

Any prior employment with this organization? YES NO If yes, Date: _____ Position: _____

Personal References

Name	City	State	Phone #	Name	City	State	Phone#

Military Service

Branch of Service	Reserve Organization	Final Rank	Date Entered	Discharge Date	Training Specialty

Drug Testing

I understand that I may be required to submit a urine sample for drug screening purposes prior to completion of the employment process and, if hired, at any time during my employment. If I refuse, or if I do not comply with testing procedures, I understand that I will not be considered for employment or may be subject to termination. I understand that if my urine screens positive for illegal substances and/or prescription drugs, whose use has not been prescribed by a licensed physician, I will not be considered for employment or, if hired, subject to termination. I consent to the release of drug testing records to this company. I may ask to see to see the Substance Abuse Policy if I have questions.

Access to Records

I authorize investigation of all matters and records which the company deems relevant to my qualifications for employment, including all statements contained in this application, and I release from all liability any persons or employers providing such information, and I also release the company from all liability which might result from making the investigation.

Affidavit

Please read all statements carefully before signing this application. Do not hesitate to ask questions.

I understand that any employment offered by this firm is of an "at-will" nature, meaning that I may quit at any time, and the company may discharge me at any time, with or without cause. If I am employed by this Company I will conform to its rules and regulations, and I will be responsible for familiarizing myself with all rules and regulations of the company as they presently exist or are later modified. I understand that this application will be active for 60 days, and if I want to be considered after that time I must complete a new application form. I certify that the answers given on this application are complete and true to the best of my knowledge. I understand that falsification, misrepresentation, omission of facts or misleading statements in this application or any required document will be cause for denial of employment or immediate termination, regardless of how discovered.

I understand and acknowledge that there can be no agreement between this Company and myself with respect to the duration of my employment which is in any way contrary to the above acknowledgement, unless such agreement is in writing and signed by the President of the Company as well as myself.

<hr/> Signature	<hr/> Date
If unsigned and undated this application will not be processed	

WE HAVE A NON SMOKING ENVIRONMENT

		For Office Use Only	
Reviewed by:		References Checked:	
Job Description Provided:		Conditional Offer:	DMV Check
Drug Test (date):		References Checked:	Drug Test Result

Please turn to back side

JOB APPLICANT AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize my current and past employers to release information to Layton Manufacturing Company about my employment. Information to be released may include, but is not limited to:

1. Dates of employment;
2. Job duties and position(s) held;
3. Attendance habits (unless absences were due to pregnancy, disability, or workers' compensation);
4. Attitude;
5. Quality of work;
6. Quantity of work;
7. Relationship with co-workers, supervisors, and management;
8. Skills and abilities;
9. Personality traits which may cause a health or safety threat to co-workers;
10. Reasons for leaving;
11. Eligibility for rehire.

I authorize investigation of all matters and records which the Company deems relevant to my qualifications for employment, including all statements contained in this application, and I release from all liability any persons or employers providing such information, and I also release the Company from all liability which might result from making the investigation. I understand that failure to sign this Release Authorization will disqualify me from employment.

Signature

Print Name

Date