

FOR EMPLOYMENT

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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not currently employed					
May we contact previous employers, supervisors and co-workers? <input type="checkbox"/> YES <input type="checkbox"/> 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			
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? YES NO Do you have a valid drivers License? YES NO

Do you have a Commercial Driver's License (CDL)? Yes No Do you have a Chauffeur' License? YES NO

Is your car or the car you will use, covered by the minimum liability insurance required by state law? YES NO

Have you had any license, permit or driving privilege suspended or revoked? Yes 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? NA YES 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? YES 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? YES NO

Have you pled guilty or been convicted of a felony? YES 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#
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Military Service

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

Signature

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 past employers to release information to _____
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 _____

Supplemental Layton Manufacturing Company Information

(Please Print)

Job Title(s)		Date	Home Phone
Last Name		First Name	Middle Name
			Social Security Number

Employee: The following questions will help us ensure that you are able to perform the essential functions of your job and that neither you nor your fellow employees are subject to health or safety risks. All responses will be kept confidential, except as necessary to ensure employee safety. State and Federal law prohibit discrimination against persons with disabilities when the disability does not, with reasonable accommodation by the employer, prevent the employee from performing the essential duties of the job. We are an equal opportunity employer.

Health or Physical Condition (circle appropriate response)

- | | |
|--|---------------|
| The essential duties of your job are detailed in the job description. Are you able to perform those duties? | Yes No |
| Do you require special accommodation to enable you to perform your essential job functions? | Yes No |
| Do you have a medical condition which would affect the health or safety of co-workers? | Yes No |
| Have you ever worked in a high noise environment? | Yes No |
| Date of last hearing test: Do you have a hearing loss which will affect your ability to do the job? | Yes No |
| Do you now have any medical condition that would prohibit you from working alone or in a remote location? | Yes No |
| Have you had or do you have any work related skin problems or diseases? | Yes No |
| Have you ever had any respiratory condition(s) which might prevent your working in a dusty environment? | Yes No |
| Are you allergic to any drugs, bee stings, dusts, chemicals or other substances? | Yes No |
| Does your vehicle operator's license include any restrictions? | Yes No |
| Are you currently taking any drugs or medication which may affect your ability to perform your job duties? | Yes No |
| Do you have any eye problem(s) that would prevent you from doing the described job duties? | Yes No |
| Do you have any physical, mental or medical impairment or disability that would limit your job performance for the position you are applying? <u>Yes No</u> Do you have any condition requiring special work assignmer | Yes No |
| Are you able to meet the work schedule required by the job description? | Yes No |

I understand that false or misleading information may result in discharge. I understand also, that I am required to abide by all rules and regulations of this Company. I authorize investigation of all statements contained in this application as may be deemed necessary for an employment decision. I consent to the release of medical evaluation/drug testing reports to the Company. I certify that the answers given on this application are true and complete to the best of my knowledge.

Name: _____

Date: _____

For Company Use Only: