

EMPLOYMENT APPLICATION



APPLICANT DATA:

How were you referred to us: _____ Date: ____/____/____

Full Name: _____ Social Security No.: ____ - ____ - ____

Address: _____ City: _____ State: _____ Zip: _____

Previous Address: _____ City: _____ State: _____ Zip: _____

Phone: (____) _____ Mobile/Beeper/Other Phone: _____ E-Mail: _____

Position Applied For: _____ Date Available to Start: ____/____/____ Salary Desired: _____

If you are under 18 and we require a work permit, can you furnish one? Yes No

If no, please explain: _____

Are you Employed? Yes No If so, may we inquire of your present employer? Yes No

Have you ever applied to this company before? Yes No If yes, when? _____

Are you a citizen of the United States? Yes No If not, do you have work papers? Yes No

Type of employment desired? Full-time Part Time Temporary Seasonal

Have you ever pled "guilty" or "no contest" to or been convicted of a crime? Yes No

If yes, give dates and details: _____

Answering yes to these questions does not constitute an automatic rejection to employment. Date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be considered.

Driver's license number if applicable to position: _____ State: _____

EDUCATION

High School: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

College/University: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

Major: _____ GPA: _____ Class Rank: _____

Other: _____ Address: _____

of Years Completed: _____ Did you graduate? Yes No Degree: _____

REFERENCES

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed:

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

SUMMARIZE YOUR SPECIAL SKILLS OR QUALIFICATIONS:

PREVIOUS EMPLOYMENT (begin with most recent position):

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (___) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer? Yes No

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (___) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer? Yes No

Dates of Employment: From ___ / ___ / ___ To ___ / ___ / ___ Position(s) Held: _____

Firm: _____ Address: _____

Phone: (___) _____ Supervisor: _____ Title: _____

Responsibilities: _____

Starting Salary and Title: _____ Ending Salary and Title: _____

Reason for Leaving: _____ May we contact this employer? Yes No

I certify that my answers are true and complete to the best of my knowledge. I hereby authorize Acu-Cast Technologies, LLC, its subsidiaries, affiliates, employees, and agents to make inquiry of and request information from any individuals, present, and former employers, schools and colleges, credit bureaus, criminal investigation bureaus, and any other entities that may possess information concerning me or that may be custodians of records relating to me, including Worker's Compensation. I also authorize the above-described sources to release all information requested, including salary data and subjective evaluations, and I hereby release those sources from any liability for doing so.

I understand that my prospective employer intends to use the information obtained through the investigation for employment purposes only, and shall not disclose such information to any other party. I understand that my worker's compensation History is for the purpose of making certain I am not assigned a job function, which could aggravate a previous injury and will only be checked after a conditional offer of employment has been extended to me, in compliance with The American With Disabilities Act (ADA).

I give this authorization in connection with an application relating to employment. In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge.

Signature of Applicant: _____ Date: _____

Name (Print): _____ Maiden Name: _____ DOB*: ___ / ___ / ___

*DOB is requested for identifying purposes in order to obtain accurate records. **Age is NOT a criterion for employment.**

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Acu-Cast Technologies, LLC (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Acu-Cast Technologies LLC, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Acu-Cast Technologies LLC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for preemployment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) working days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of applicant _____ **Date:** _____

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with this Company depends solely on your qualification.

Thank you for completing this application form and for your interest in our business.