## FOUTS BROS, INC.

Answer all questions compl discriminatory under any ap						uestion on the ap	plication is inter	nded to be		
			PERSONAL							
Last Name		First	PERSONAL	Full Middle Na		ame	Date			
Street Address					Home Phone					
City				State	Zip		Business Phone			
			ou produce verif ( ) Yes ( ) No		ur legal right to w	ork in the				
lf you are under age 18, do Permit?()Yes ()No	If required for the position, do you have a valid driver's license? ( ) Yes ( ) No			valid driver's	If hired, would you have reliable transportaton to and from work? ( ) Yes ( ) No					
Have you ever worked under a different name? ( ) Yes ( ) No			Do you have fr If 'Yes' Name a		( ) Yes ( ) N	0				
If 'Yes' Name Emergency Contact Name						Phone	Phone			
		144.0 142			1. W. 1963	1. S. S. M.	loster i r			
			. EMPLOYM	ENT INTER	ESTS					
Position Desired Date Avail		Date Available		Salary Desired		Would you be willing to work overtime? ( ) Yes ( ) No				
Type of Employment Desire	ed		Days and hour	s available fo	or work					
( ) Regular	( ) Full-Time									
() Temporary () Part-time										
How were you referred to our company?			() Ad(Where) () Emp			ployee Referral (Name)				
( ) Agency (Name)			() Other (Plea				() Walk-in			
		10.	. EDUCATION	INFORMA	ATION					
School Level	Name and Location		School C		rse of Study	Check last grade	Did you graduate?	Degree or Diploma		
High School						9 10 11 12	()Y()N			
College/University						1 2 3 4	()Y()N			
Post Graduate						1 2 3	()Y()N			
Business/Trade						1 2 3	()Y()N			
· · · · · · · · · · · · · · · · · · ·	IV. SKI	LLS - If applic	cable for Pos	ition for V	Vhich You Are	Applying	State of the	<b>H</b> ernielung		
102			Foreign Langu	ages (Indicat	e proficiency to sp	peak, read, and w	vrite)			
PC Skills (Indicate software	used)			Other Office	e Machines (Desc	ribe)				
ist manufacturing machines you operate (Note those you can set up.)				List inspection/machinist tools you can use						
Describe mechanical background that may be related to the job desired.				Do you read blueprints? ( ) Yes ( ) No						
Do you any experience, trai	ining, qualification	or skills which y	you think make	you especial	ly suited for work	at this company	? (Explain)			

	V. EMPLOYMENT I	NFORMATION (Star	t with	Current or	Most Rece	nt Employer)					
1	Company Name	Phone			From: Mo/Yr	To: Mo/Yr					
	Street Address	City	<b></b>	State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties				Reason for Leaving					
	Supervisor Name				May we contact this employer? ( ) Yes ( ) No						
2	Сотрапу Name		Рһоле			From: Mo/Yr	To: Mo/Yr				
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties				Reason for Leaving					
	Supervisor Name					May we contact this employer? ( ) Yes ( ) No					
3	Company Name	<b>-</b>	Phone			From: Ma/Yr	To: Mo/Yr				
	Street Address	City		State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties		Reason for Leaving							
	Supervisor Name				May we contact this employer? ( ) Yes ( ) No						
4	Company Name	<u> </u>	Phone		Parronnana ( 2 - 2000) ( 1000) ( 1000)	From: Mo/Yr	Το: Μο/ΥΓ				
	Street Address	City	<b>.</b>	State	Zip	Starting Pay \$	Ending Pay \$				
	Job Title	Duties Re				Reason for Leaving					
	Supervisor Name				May we contact this employer? ( ) Yes ( ) No						
	Diamon ro				ad alarm hat						
Initial		ad carefully, initial e					rm (and accompanying				
	nitial Lauthorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying Tresume or other documentation, if any) to provide Fouts Bros, Inc. with relevant information and opinion, personal or otherwise, that may be useful in making a hiring decision. I release all parties from all liability for any damage that may result from furnishing information and opinion to you.										
Initial	In consideration of employment, I agree to obey the rules and standards of Fouts Bros, Inc. I understand that nothing contained in this application or in the interview process is intended to create a contract between Fouts Bros, Inc. and myself for either employment or for the providing of any benefits. I agree that my employment is at-will and the terms of employment may be changed with or without cause, with or without notice, including but not limited to termination, demotion, promotion, transfer, compensation, benefits, duties and location of work, at any time, for any reason, at the option of myself or Fouts Bros, Inc. This constitutes my entire agreement with Fouts Bros, Inc. with regard to the length of my employment.										
Initial	I understand that as a condition of employment I may be required to take a post-offer/pre-employment physical examination that may include an alcohol and drug test. I further understand that at any time during my employment, I may be required to take a physical examination which may include an alcohol and drug test if management reasonably suspects a condition exists that will prevent me from performing my job in a manner that does not endanger my own health or the safety and health of others. I authorize all providers of health care who examine me to disclose to Fouts Bros, Inc. or its agents, all medical information revealed during such examinations. I further authorize Fouts Bros, Inc. to disclose such information to any other persons, if at any time my medical condition is put at issue in any proceeding by myself or others. In the event that I have a disability that will affect my ability to take the test, I will so inform Fouts Bros, Inc. so that a reasonable accomodation can be made. Fouts Bros, Inc. reserves the right to require medical documentation concerning the need for accomodation.										
Initial	al I understand that all offers of employment are conditioned upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States.										
Initial	application. I declare under penalty of perjury that the facts contained in the application (or any resume or other documents submitted) are true and complete to the best of my knowledge. I understand that any misrepresentations or omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date.										
Appl	icant Signature:										