FOUTS BROS, INC.

Answer all questions complete discriminatory under any appli					mployer. No qu	estion on the ap	plication is inter	nded to be			
discriminatory under any appir	cable rederal, .		PERSONAL		ON			AND DESCRIPTION			
Last Name First			PERSONAL	INFORMATIO	Full Middle Name		Date				
Street Address					Home Phone						
City			State		Zip		Business Phone				
Have you ever been involuntar or requested to resign? () Yes () No	If hired, can you produce verification of you United States () Yes () No			legal right to wo	ork in the						
If you are under age 18, do you have a work Permit? () Yes () No		If required for the position, do you have a valid driver license? () Yes () No			id 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 If 'Yes' Name			Do you have fr If 'Yes' Name a	()Yes ()No	0						
Emergency Contact Name	1	Phone									
- Trainer Land Burgelland March Ma											
		1	. EMPLOYME	ENT INTERES	TS						
Position Desired Date		Date Available	ate Available		Salary Desired		Would you be willing to work overtime? () Yes () No				
Type of Employment Desired			Days and hour	s available for v	vork	•					
() Regular	() Full-Time										
() Temporary	() Part-time										
How were you referred to our company? () Ad(Where) () Employee Referral (Name)											
() Agency (Name)			() Other (Plea	ase Specify)			() Walk-in				
性形态 的复数形式用的		111.	. EDUCATION	INFORMAT	ION	100000	STATE OF STREET	AUT OF S			
School Level	Name and Location		School	Course 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 Wh	ich You Are	Applying		granular took			
			Foreign Langua	ages (Indicate p	roficiency to sp	eak, read, and w	rite)				
PC Skills (Indicate software used) Other Office Machines (Describe)											
List manufacturing machines y	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, training, qualification or skills which you think make you especially suited for work at this company? (Explain)											

	V. EMPLOYMENT INFORMATION (Start with Current or Most Recent Employer)									
1	Company Name	Phone				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				
2	Company Name		Phone			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		Phone		- 11	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		Phone			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				
		VI. ACKNO	NLEDG	MENT						
		ad carefully, initial ed								
Initial	Initial I authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this application form (and accompanying resume 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	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 liimited 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	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 accommodation can be made. Fouts Bros, Inc. reserves the right to require medical documentation concerning the need for accommodation. Initial 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	Initial I hereby acknowledge that I have read the above statements and understand them. I certify that I, the undersigned applicant, have personally completed this 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.									

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Applicant Signature: