

FOUTS BROS, INC.

Answer all questions completely in your handwriting in ink. We are an Equal Opportunity Employer. No question on the application is intended to be discriminatory under any applicable Federal, State or Local Fair Employment Practices Law.

I. PERSONAL INFORMATION

Last Name	First	Full Middle Name	Date
Street Address			Home Phone
City	State	Zip	Business Phone
Have you ever been involuntarily terminated or requested to resign? () Yes () No	If hired, can you produce verification of your legal right to work in the United States () Yes () No		
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's license? () Yes () No	If hired, would you have reliable transportation to and from work? () Yes () No	
Have you ever worked under a different name? () Yes () No	Do you have friends or relatives working for our company? () Yes () No If 'Yes' Name and Relationship		
If 'Yes' Name			
Emergency Contact Name			Phone

II. EMPLOYMENT INTERESTS

Position Desired	Date Available	Salary Desired	Would you be willing to work overtime? () Yes () No
Type of Employment Desired () Regular () Full-Time () Temporary () Part-time		Days and hours available for work	
How were you referred to our company? () Agency (Name) () Ad(Where) () Employee Referral (Name) () Other (Please Specify) () Walk-in			

III. EDUCATION INFORMATION

School Level	Name and Location of 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. SKILLS - If applicable for Position for Which You Are Applying

Foreign Languages (Indicate proficiency to speak, read, and write)	
PC Skills (Indicate software used)	Other Office Machines (Describe)
List 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, 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		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	
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. ACKNOWLEDGMENT

Please read carefully, initial each paragraph, and sign below

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	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	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	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.

Applicant Signature: _____