



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Applicants are considered for positions without regard to veteran status, uniformed service member status, race, color, religion, sex, national origin, age, physical or mental disability, genetic information or any other category protected by applicable federal, state, or local laws.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE.

FIRST NAME	LAST NAME	MIDDLE
STREET	APT#	
CITY	STATE	ZIP
PHONES	CELL:	HOME:
EMAIL		

EMERGENCY CONTACT			
NAME			
ADDRESS			
PHONES	CELL:	HOME:	BUSINESS:

POSITION DESIRED	DATE AVAILABLE
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME
SALARY DESIRED	

HAVE YOU PREVIOUSLY WORKED WITH ESI?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN
ARE YOU WILLING TO TRAVEL?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
HOW DID YOU HEAR ABOUT US?	<input type="checkbox"/> PAPER	<input type="checkbox"/> INTERNET	<input type="checkbox"/> REFERRED BY WHOM:
IF HIRED, CAN YOU PROVIDE LEGAL AUTHORIZATION TO WORK IN THE U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
ARE YOU AT LEAST 18 YEARS OF AGE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

EDUCATION

	NAME & ADDRESS	# OF YRS. ATTENDED	GRADUATE? Y OR N	DEGREE/MAJOR
HIGH SCHOOL				
COLLEGE				
OTHER				
DO YOU PLAN TO FURTHER YOUR EDUCATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO EXPLAIN:	
DO YOU HAVE ANY FOREIGN LANGUAGE SKILLS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF SO EXPLAIN:	

MILITARY EXPERIENCE

BRANCH	HIGHEST RANK ACHIEVED
SPECIAL TRAINING RECEIVED	
WHEN WERE YOU DISCHARGED?	

WORK HISTORY-LIST MOST RECENT FIRST

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	
JOB TITLE	SUPERVISOR	WHAT WILL YOUR EMPLOYER SAY WAS YOUR REASON FOR LEAVING?	STARTING SALARY ENDING SALARY
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN:			
JOB RESPONSIBILITIES:			MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	
JOB TITLE	SUPERVISOR	WHAT WILL YOUR EMPLOYER SAY WAS YOUR REASON FOR LEAVING?	STARTING SALARY ENDING SALARY
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN:			
JOB RESPONSIBILITIES:			MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

DATES OF EMPLOYMENT	NAME & ADDRESS OF EMPLOYER	PHONE NUMBER	
JOB TITLE	SUPERVISOR	WHAT WILL YOUR EMPLOYER SAY WAS YOUR REASON FOR LEAVING?	STARTING SALARY ENDING SALARY
HOW MUCH NOTICE DID YOU GIVE WHEN RESIGNING? IF NONE, EXPLAIN:			
JOB RESPONSIBILITIES:			MAY WE CONTACT? YES <input type="checkbox"/> NO <input type="checkbox"/>

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR EMPLOYMENT EVER BEEN TERMINATED BY MUTUAL AGREEMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN GIVEN THE CHOICE TO RESIGN RATHER THAN BE TERMINATED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ANSWERED YES TO ANY OF THE ABOVE PLEASE EXPLAIN THE CIRCUMSTANCE OF EACH OCCASION BELOW.	

SPECIAL SKILLS

COMPUTER <input type="checkbox"/> MICROSOFT OFFICE <input type="checkbox"/> OUTLOOK/EMAIL <input type="checkbox"/> EXCEL <input type="checkbox"/> WORD <input type="checkbox"/>
INDUSTRIAL <input type="checkbox"/> FORKLIFT <input type="checkbox"/> HAND TOOLS <input type="checkbox"/> OTHER SKILLS <input type="checkbox"/>
IF OTHER SKILLS PLEASE EXPLAIN:
LIST ANY SPECIAL TRAINING, CERTIFICATES, OR LICENSES YOU HAVE THAT ARE RELEVANT TO THE JOB YOU'RE APPLYING FOR:
LIST ANY JOB-RELATED PROFESSIONAL ORGANIZATIONS WITH WHICH YOU ARE AFFILIATED:

DRIVING INFORMATION

COMPLETE ONLY IF DRIVING IS AN ESSENTIAL FUNCTION OF THE JOB FOR WHICH YOU ARE APPLYING.

DO YOU HAVE A VALID DRIVER'S LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES LICENSE # STATE	EXP
IF YOU DO NOT HAVE A VALID DRIVER'S LICENSE FOR THE STATE IN WHICH YOU CURRENTLY RESIDE, WHY NOT?		
HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, EXPLAIN:		
DO YOU HAVE PERSONAL AUTOMOBILE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF NO, EXPLAIN:		
HAVE YOU EVER BEEN DENIED PERSONAL INSURANCE OR HAS IT EVER BEEN TERMINATED OR SUSPENDED? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, EXPLAIN:		
CAN YOU DRIVE A MANUAL TRANSMISSION? <input type="checkbox"/> YES <input type="checkbox"/> NO		

PLEASE LIST ALL MOVING TRAFFIC VIOLATIONS IN THE LAST FIVE (5) YEARS:

OFFENSE	DATE	LOCATION	EXPLANATION

APPLICANT CERTIFICATION

PLEASE READ ALL OF THE FOLLOWING STATEMENT BEFORE SIGNING

I understand and agree that if driving is a requirement of the job for which I am applying, my employment and/or continued employment is contingent on possessing a valid driver's license for the state in which I reside and automobile liability insurance in an amount equal to the minimum required by the state where I reside. I understand that the Company may now have, or may establish, a drug-free workplace or drug and/or alcohol testing program consistent with applicable federal, state, and local law. If the Company has such a program and I am offered a conditional offer of employment, I understand that if a pre-employment (post-offer) drug and/or alcohol test is positive, the employment offer may be withdrawn. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees of the location, pursuant to the Company's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or illegal or controlled drugs. If employed, I understand that the taking of alcohol and/or drug tests is a condition of continual employment and I agree to undergo alcohol and drug testing consistent with the Company's policies and applicable federal, state, and local law. If employed by the Company, I understand and agree that the Company, to the extent permitted by federal, state, and local law, may exercise its right, without prior warning or notice, to conduct investigations of property (including, but not limited to, files, lockers, desks, vehicles, and computers) and, in certain circumstances, my personal property. I understand and agree that as a condition of employment and to the extent permitted by federal, state, and local law, I may be required to sign a confidentiality, restrictive covenant, and/or conflict of interest statement. I certify that all the information on this application, my résumé, or any supporting documents I may present during any interview is and will be complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or

omission of any information may result in disqualification from consideration for employment or, if employed, disciplinary action, up to and including immediate dismissal.

THIS COMPANY IS AN AT-WILL EMPLOYER AS ALLOWED BY APPLICABLE STATE LAW. THIS MEANS THAT REGARDLESS OF ANY PROVISION IN THIS APPLICATION, IF HIRED, THE COMPANY OR I MAY TERMINATE THE EMPLOYMENT RELATIONSHIP AT ANY TIME, FOR ANY REASON, WITH OR WITHOUT CAUSE OR NOTICE. NOTHING IN THIS APPLICATION OR IN ANY DOCUMENT OR STATEMENT, WRITTEN OR ORAL, SHALL LIMIT THE RIGHT TO TERMINATE EMPLOYMENT AT-WILL. NO OFFICER, EMPLOYEE OR REPRESENTATIVE OF THE COMPANY IS AUTHORIZED TO ENTER INTO AN AGREEMENT—EXPRESS OR IMPLIED—WITH ME OR ANY APPLICANT FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME UNLESS SUCH AN AGREEMENT IS IN A WRITTEN CONTRACT SIGNED BY THE PRESIDENT AND CEO OF THE COMPANY. IF HIRED, I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF THE COMPANY, AND I UNDERSTAND THAT THE COMPANY HAS COMPLETE DISCRETION TO MODIFY SUCH RULES AND REGULATIONS AT ANY TIME, EXCEPT THAT IT WILL NOT MODIFY ITS POLICY OF EMPLOYMENT AT-WILL.

I authorize the Company or its agents to confirm all statements contained in this application and/or résumé as it relates to the position I am seeking to the extent permitted by federal, state, or local law. I agree to complete any requisite authorization forms for the background investigation which may be permitted by federal, state and/or local law. If applicable and allowed by law, I will receive separate written notification regarding the Company's intent to obtain "consumer reports." I authorize and consent to, without reservation, any party or agency contacted by this employer to furnish the above-mentioned information. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, and local law, any party delivering information to the Company or its duly authorized representative pursuant to this authorization from any liability, claims, charges, or causes of action which I may have as a result of the delivery or disclosure of the above requested information. I hereby release from liability the Company and its representative for seeking such information and all other persons, corporations, or organizations furnishing such information. Further, if hired, I authorize the company to provide truthful information concerning my employment to future employers and hold the company harmless for providing such information.

If hired by this Company, I understand that I will be required to provide genuine documentation establishing my identity and eligibility to be legally employed in the United States by this Company. I also understand this Company employs only individuals who are legally eligible to work in the United States.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE. DO NOT SIGN UNTIL YOU HAVE READ ALL OF THE INFORMATION CONTAINED IN THIS APPLICATION.

Applicant Signature _____ Date: _____