This application is good for four (4) weeks only.

## **BRUCKMAN RUBBER CO.**

#### APPLICATION FOR EMPLOYMENT

Applicants are considered, and during employment, employees are treated without regard to race, color, religion, sex, national origin, age, disability, marital status or any other prohibited basis of discrimination, as provided under applicable state and federal law. APPLICANTS FOR EMPLOYMENT MAY REQUEST A REASONABLE ACCOMMODATION IN ORDER TO COMPLETE THE APPLICATION PROCESS.

STATE THE FACTS! Employees may be terminated after hiring for misrepresentation or omissions on this application.

PLEASE PRINT	
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Date of Application:		_Position(s) app	lied for:			
Why did you apply he	ere?					
NAME						
	Last		First		Μ	iddle
ADDRESS						
	Number	Street	City		State	Zip
Telephone	So	ocial Security Nur	nber	/	/	
Have you filed an app	olication here be	efore?	Yes	No		
If yes, when?						
Have you ever been e						
If yes, when?						
Are you employed no	w?	Yes	No			
If yes, may we contac	et your current e	employer?	Yes	No		
Are you related to any	yone currently v	working here?	Yes	N	0	
If yes, list who and ho	w you are relate	ed				
Can you legally be en	nployed in this	country?	Yes	No		

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

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Are you age 18 or over?	Yes	No		
When are you available for w	ork?	E	Expected wage	2
Are you available to work:	Full-Time	Part-Time	e	_Temporary
Which shifts do you prefer? _	Day	Swing	Night	
What days are you NOT avail	lable to work?			
Are you on lay-off from anoth	her job and subject to recall	?Ye	es	No
Have you been convicted of a	a felony within the last 7 year	ars?	Yes	No
A conviction will not necess conviction to the job will be c		from employment.	The recenc	ry, severity and pertinence of the
If yes, explain				
Are you a veteran of the U.S.	Military? Ye	esN	No	
Branch	Technical Specialization		Rank A	ttained

#### REFERENCES

NAME	ADDRESS/PH	ONE	BUSINESS	YEARS KNOWN
1.	City	State		
	Phone			
2.	City	State		
	Phone			
3.	City	State		
	Phone			

## **EDUCATION**

Please list education which relates to the position(s) for which you are applying. Exclude names or terms which indicate, for example, race, color, religion, sex, disability or national origin.

	High School		College/University			Graduate/Professional			sional			
Years Completed	1	2	3	4	1	2	3	4	1	2	3	4
Name of School												
Diploma/Degree												
Course of Study												

Please list special skills and qualifications you have, including those acquired from employment or other experience:

#### **EMPLOYMENT EXPERIENCE**

Start with your present or last job. Include military service assignments and volunteer activities. Exclude organization names which indicate, for example, race, color, religion, sex, disability, or national origin.

Employer	Dates Employed		Work Performed
	From	То	
Address			
City State			
Job Title	Hourly I		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates I	Work Performed	
	From	То	
Address			
City State			
Job Title	Hourly F		
	Starting	Final	
Supervisor			
Reason for Leaving			

Employer	Dates I	Work Performed	
	From	То	
Address			
City State			
Job Title	Hourly F	Rate/Salary	
	Starting	Final	
Supervisor			
Reason for Leaving			

State any additional information you feel may be helpful to us in considering your application.

# **APPLICANT'S STATEMENT**

These answers are true and complete to the best of my knowledge. The Company may investigate all statements contained in this application, and I understand that any false or misleading information provided may result in my immediate discharge. <u>I understand that this application is not a contract of employment and that if hired,</u> regardless of any oral representations to the contrary, the employment relationship between myself and the <u>Company is terminable-at-will</u>. Any changes in this employment relationship must be made in writing by the <u>President of the Company</u>.

I also understand that any offer of employment may be conditioned upon a health evaluation by a doctor selected by the Company, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon Company policy. I authorize the Company to make a thorough investigation of my past employment, education and job-related activities and I release from all liability all persons, companies, and corporations supplying such information. I also indemnify this Company against any liability which might result from making such investigation.

Additionally, I authorize the Company to supply my employment record, in its sole discretion, in whole or in part to any prospective employer, government agency, or other party, with an interest that the Company deems appropriate.

Signature of Applicant							
======================================							
Interviewed by	Date						
Comments:							
Date hired	Department						
Starting date	Wage						
Date of birth	Marital Status						
In case of emergency notify:							
Name	Or						
Address							
City & State							
Telephone # ()							