



SHUMAKER

PLAN • DESIGN • TRANSFORM

(PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURE)

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT but merely is intended to evaluate suitability for employment. It is the policy of the company to provide equal employment to all qualified persons without discrimination on the basis of race, color, religion, national origin or ancestry, sex, age (40 or over), disability, veteran status, genetic information, or any other legally protected status under local, state, or federal law. It is also the policy of the company to have the option of conducting pre-employment screening before a job offer is made. If a job offer is made, employment may be contingent upon the successful passage of a medical examination, which may include providing body substance samples. This application will remain active for 180 days.

PERSONAL INFORMATION

| | | | |
|------|------|-------|--------|
| Name | Last | First | Middle |
|------|------|-------|--------|

| | |
|------------|------------|
| Home Phone | Work Phone |
|------------|------------|

Email Address

Please list below your current address and your two (2) other most recent addresses:

| Current | Street | City | State | Zip | Since (Mo/Yr) |
|---------|--------|-------|-------|---------------|---------------|
| Street | City | State | Zip | Since (Mo/Yr) | |

EDUCATION

| | | |
|---------------------------------|------------------------|-------------------------|
| High School Attended | City, County and State | Did you earn a Diploma? |
| Undergraduate College Attended | City, State | Areas of Study |
| Graduate School Attended | City, State | Areas of Study |
| Trade, Business or Other School | City, State | Areas of Study |
| Military Training | City, State | Areas of Study |

EMPLOYMENT INFORMATION

| | | |
|--|---|--------------------|
| Position Applied For: | Date You Can Start Work: | Desired Salary: \$ |
| Do You Prefer: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time | Can You Work: <input type="checkbox"/> Weekends <input type="checkbox"/> Evenings | |

Please answer all of the following questions. When necessary, note question number and use an extra paper to provide explanations:

- 1) Are you at least 18 years of age and legally eligible for work in the United States? YES NO
- 2) Will you work overtime when necessary? YES NO
- 3) Have you received a description of the job or been made aware of the essential functions of the job you are applying for : YES NO
- 4) Do you understand the job requirements? YES NO (If no, please explain)
- 5) Are you on layoff and subject to recall? YES NO
- 6) Are you currently bound by a noncompetition or trade secret agreement? (If yes, please explain) YES NO
- 7) Have you ever been discharged or asked to resign from a job? (If yes, please explain) YES NO
- 8) Have you ever been convicted of, pled guilty or no contest to a felony or other crime? (If yes, please explain) YES NO
(A "yes" answer will not necessarily disqualify you from employment.)

EMPLOYMENT HISTORY

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

Please list below your last three (3) employers beginning with the most recent:

| Most Recent Employer | City | State | Zip Code | Phone |
|----------------------|--------------------|-----------------------|------------|-------|
| Position Held | Dates From/To | Pay Rate Upon Leaving | Supervisor | |
| Duties | Reason for Leaving | \$ | | |

| | | | | |
|----------------------------------|--------------------|-----------------------------|------------|-------|
| Next Most Recent Employer | City | State | Zip Code | Phone |
| Position Held | Dates From/To | Pay Rate Upon Leaving \$ | Supervisor | |
| Duties | Reason for Leaving | | | |
| Next Most Recent Employer | City | State | Zip Code | Phone |
| Position Held | Dates From/To | Pay Rate Upon Leaving \$ | Supervisor | |
| Duties | Reason for Leaving | | | |
| Next Most Recent Employer | City | State | Zip Code | Phone |
| Position Held | Dates From/To | Pay Rate Upon Leaving \$ | Supervisor | |
| Duties | Reason for Leaving | | | |

JOB-RELATED SKILLS

Please answer the following questions if the position you are applying for requires driving a motor vehicle:

1. Do you have a valid driver's license? YES NO
(If YES: Driver's License Number) _____ Date of Issue: _____
2. Do you have a valid Commercial Driver's License ("CDL")? YES NO
(If YES: Driver's License Number) _____ Date of Issue: _____
3. Have you been convicted of, pled guilty or no contest to any traffic-related offense within the past five (5) years? YES NO
(A "yes" answer will not necessarily disqualify you from employment.)
4. Have you had your driver's license suspended or revoked or had your driving privileges modified by a court of law? YES NO
(Suspension or revocation will not necessarily disqualify you from employment.)
5. Please list all states from which you hold or have held a driver's license:

Please use this space to list any special skills you may have that relate to the position applied for:

Please list any professional licenses, designations, certifications, etc. that may relate to the position applied for. Include date granted, name of organization and any other relevant information.

- 1.
- 2.
- 3.

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application and release from all liability any persons or employers supplying such information, and I also release the company from all liability that might result from making the investigation.
2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on this application (or on any required documents) will be cause for denial of employment or immediate discipline, up to and including termination of employment, regardless of when or how discovered.
3. I agree, if I am offered and accept a position, to conform to all existing and future Company rules and regulations and I understand that the Company reserves the right to change policies, title, job description, wages, hours and working conditions as deemed necessary. ***I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE "AT-WILL," MEANING THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON, AND THAT ONLY A WRITTEN AGREEMENT BETWEEN THE PRESIDENT OF THE COMPANY AND ME, SIGNED BY BOTH OF US, CAN ALTER THE "AT-WILL" EMPLOYMENT RELATIONSHIP. CONVERSELY, I MAY RESIGN AT ANY TIME.***
4. I understand that any employment offer is contingent upon my providing, within three (3) working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.
5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment I certify that I understand all parts of it and have answered all questions completely and fully.

Signature

Date