

EMPLOYMENT APPLICATION FORM

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE				
PLEASE COMPLETE ALL PAGES				Date:
Name:				
Last	First	Middle	Maiden	
Present Address:				
Number	Street	City	State	Zip
How Long:			Social Security No.:	
Telephone:				
If under 18, please list age:				
Position Applied For:			Days/Hours Available to Work:	
Salary Desired:			No Pref _____ Thur _____	
			Mon _____ Fri _____	
			Tue _____ Sat _____	
			Wed _____ Sun _____	
How many hours can you work weekly?			Can you work nights?	
Employment Desired: <input type="checkbox"/> FULL-TIME ONLY <input type="checkbox"/> PART-TIME ONLY <input type="checkbox"/> FULL- OR PART-TIME				
When available for work?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

MILITARY			
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of the national guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty	Date Entered	Discharge Date	
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Job One			
Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Two			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Did you complete this application yourself?			
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, who did?			

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Threaded Fasteners, Inc.(hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Threaded Fasteners Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and Threaded Fasteners, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that the misrepresentation or omission of facts called for in this application is cause for dismissal at any time without any previous notice.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party.

Signature of Applicant

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

Notice Regarding Background Investigation

In connection with your application and/or employment with Threaded Fasteners, Inc. ("Requestor") notice is hereby given that a consumer report and/or investigative consumer report may be obtained from a consumer reporting agency for employment purposes. You may be the subject of a "consumer report" and/or "investigative consumer report" as defined by the Fair Credit Reporting Act. These types of reports may include information about your character, general reputation, personal characteristics, mode of living, and/or personal interviews with employers and associates. Reports may be obtained anytime after the receipt of this Authorization and if hired, throughout the course of your employment, as permitted by law. You have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request the scope and nature of any investigative consumer report and a Summary Of Your Rights Under the Fair Credit Reporting Act. The scope of this notice is all-encompassing, however, allowing Requestor and its agents to obtain from any outside organization all types of consumer and/or investigative consumer reports now and throughout your employment if you are hired to the extent allowed by law. You should carefully consider your right to request disclosure of the nature and scope of any investigative consumer report.

Acknowledgement and Authorization

By signing below, I acknowledge receipt of above Notice Regarding Background Investigation and A Summary Of Your Rights Under The Fair Credit Reporting Act. I certify that I have read and understand both documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and/or during the course of my employment to the extent permitted by law. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, local, state, or federal agency, institution, school or university, information bureau, or insurance company to furnish any and all background information (including, but not limited to: criminal and civil litigation history, driving and/or motor vehicle records, education records including: transcripts, grades, attendance records, employment history including: salary information, positions held, rehire eligibility and reason for separation, references, drug and alcohol testing results, accident history information, and information concerning workers compensation claims (after a conditional offer of employment has been made) to KnowMyHire.com and/or the Requestor itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as an original.

MN & OK applicants or employees only: Please check if you would like to receive a copy of a consumer report if one is obtained. ()

NY applicants or employees only: You have the right to inspect and receive a copy of any investigative consumer report requested by Requestor by contacting the consumer reporting agency listed below.

CA applicants or employees only: By signing below, you also acknowledge receipt of the Notice Regarding Background Investigation Pursuant to California Law. Please check below if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California Law. ()

May we contact your current employer? () Yes () No

Applicant Signature:

Date:

Personal Information: (Please write clearly)

First Name:	M.I.	Last Name:
Other Names Used: (AKAs):		
Current Address:		
City:	State:	Zip Code:
Date of Birth:	Social Security Number:	
Driver's License Number:	State of Issuance:	

Phone 877.793.5669



Fax: 877.793.5669

May, 2013

Rev. B

Approved by: (BM)

CONTROLLED