



APPLICATION FOR EMPLOYMENT

Name _____

Date _____

Position _____

Would you like to work at Ultrafab? Before filling out an application for employment, please read the following.

Ultrafab is a manufacturer of weatherstripping, custom brushes, seals, static eliminators and specialty parts used in office equipment industries.

The key attributes of success that every employee should demonstrate are:

- **Integrity:** high moral character, honest and trustworthy. Upright citizen of the community and Ultrafab.
- **Initiative:** seeks feedback and thinks outside h/h comfort zone. Desire to do h/h best at all assignments, always evaluating how to do things better.
- **Self Esteem:** Awareness of self including strengths & weaknesses. Always seeking to improve self.
- **Flexibility:** willing and comfortable adapting to new circumstances and conditions.
- **Passion:** maintains a positive attitude, working with enthusiasm each day.
- **Sense of Urgency:** an implicit understanding of job needs and priorities.
- **Commitment:** thinks of and treats the assets of the Company as if they were his or her own.
- **Team orientation:** enjoys working, assisting and accomplishing with others.

Policies you should be aware of:

- You must pass a witnessed Drug and Alcohol test prior to employment.
- You are subject to random Drug and Alcohol testing once employed.
- You must sign a confidentiality and non-compete agreement. It is essential that data, information and processing equipment are used only for approved company business.
- Offer of employment is conditional on completing pre-employment physical.
- Ultrafab will not tolerate verbal or physical conduct by any employee which harasses, disrupts, or interferes with another worker's performance or which creates an intimidating, offensive or hostile environment.
- Ultrafab provides a "smoke free" environment for its employees.
- Ultrafab may do background checks with your signed consent. These background checks may include credit, Department of Motor Vehicles and criminal background checks.

Ultrafab is an equal opportunity employer.

If you understand and agree to the above, we would like for you to fill out an application for employment. I have read and understand the above.

Signature: _____ Date: _____

APPLICATION FOR EMPLOYMENT

DATE: _____ POSITION APPLIED FOR: _____

Referred by: _____ Date Available for Work: _____

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with our company. Keep this in mind as you complete it. *Special Note: You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer.*

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PERSONAL

Name _____ Telephone Number () _____

First M.I. Last

Email address _____

Street _____ Box _____ City _____ State _____ Zip _____

Previous Address _____

If younger than 18, state age here _____. Are you legally entitled to work in the United States? * ____yes ____no

Have you ever been convicted of a crime other than a minor traffic violation? ** _____ If yes, explain: _____

* Compliance with I-9 requirements is mandatory, upon employment.
** Conviction of a crime would not necessarily prevent acceptance of employment.

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EDUCATION

High School (Name and Address) _____

Did you graduate? _____ If no, last grade completed _____ G.E.D. Obtained? _____ Grade Average _____

Colleges (Name and Address) _____

Colleges (Name and Address) _____

Did you graduate? _____ If no, number of hours completed _____ Grade Point Average _____ Degree _____

Major _____ Minor _____ If attending, date of graduation _____

Other Education _____

Awards, Honors, Leadership Roles: _____

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MILITARY not applicable

List service in U.S. Military: From _____ to _____ Branch _____

Rank at Discharge _____ Military experience that may be applicable: _____

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GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: cash register, computer skills, lathe, milling machine, etc.): _____
2. Were you previously employed by us? _____ If yes, when _____ to _____
3. Number of hours available per week _____

4. Type of Employment sought: regular full time regular part time temporary seasonal
5. Which of these times are you available? Days: yes no Nights: yes no
Weekends: yes no Holidays: yes no
6. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions)
- | | | | | | | |
|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| to | to | to | to | to | to | to |
| <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime | <input type="checkbox"/> Anytime |
7. List names of relatives currently employed by us: _____

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EXPERIENCE

List below **all present and past employment for the last 7 years, beginning with your most recent employer. If more space is needed, list others on a separate sheet.**

1. Employer _____
Address _____
Telephone Number _____ Job Title _____ Supervisor _____
Kind of Business _____ Date Employed _____ to _____
Reason for Leaving: Quit Discharge Retired Lay off Why? _____
For Job Reference, call _____ at _____
____ Please do not contact this employer. Why not? _____

2. Employer _____
Address _____
Telephone Number _____ Job Title _____ Supervisor _____
Kind of Business _____ Date Employed _____ to _____
Reason for Leaving: Quit Discharge Retired Lay off Why? _____
For Job Reference, call _____ at _____
____ Please do not contact this employer. Why not? _____

3. Employer _____
Address _____
Telephone Number _____ Job Title _____ Supervisor _____
Kind of Business _____ Date Employed _____ to _____
Reason for Leaving: Quit Discharge Retired Lay off Why? _____
For Job Reference, call _____ at _____
____ Please do not contact this employer. Why not? _____

4. Employer _____
Address _____
Telephone Number _____ Job Title _____ Supervisor _____
Kind of Business _____ Date Employed _____ to _____
Reason for Leaving: Quit Discharge Retired Lay off Why? _____
For Job Reference, call _____ at _____
____ Please do not contact this employer. Why not? _____

5. Employer _____
Address _____
Telephone Number _____ Job Title _____ Supervisor _____
Kind of Business _____ Date Employed _____ to _____
Reason for Leaving: Quit Discharge Retired Lay off Why? _____
For Job Reference, call _____ at _____
____ Please do not contact this employer. Why not? _____

The above employment history is true and correct and includes **all my present and past employers for the last 7 years.**

DATE _____ **SIGNATURE** _____

CONDITIONS OF EMPLOYMENT

To Applicant: Read this information carefully and sign below.

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed here.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either the company or me. I understand that no representative of this company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.
- V. I understand that I may be required to submit to pre-employment and post-employment tests for fitness, honesty, and/or substance abuse, if not prohibited by law.
- VI. I understand that I may be required to sign an authorization of disclosure and release of claims to an independent reference checking service acting on behalf of Ultrafab, Inc. This service may do the following checks: criminal background, motor vehicle, financial records and employment reference.

DATE _____ **SIGNATURE** _____

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AUTHORIZATION FOR EMPLOYMENT REFERENCE CHECK

Please list below two business references who can attest to your skills, knowledge and experience that will contribute to your success in the position for which you are applying.

NAME _____

NAME _____

ADDRESS: _____

ADDRESS: _____

TELEPHONE () _____

TELEPHONE () _____

OCCUPATION _____

OCCUPATION _____