

APPLICATION FOR EMPLOYMENT

CLAY GROOMER MACHINE SHOP, INC.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER, DEDICATED TO A POLICY OF NON-DISCRIMINATION IN EMPLOYMENT ON ANY BASIS
INCLUDING RACE, COLOR, AGE, SEX, RELIGION, HANDICAP OR NATIONAL ORIGIN.

PERSONAL INFORMATION:

	DATE:	SSN:	
NAME:			
	LAST	FIRST	MIDDLE

PRESENT ADDRESS:

STREET	CITY	STATE	ZIP
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PERMANENT ADDRESS, IF DIFFERENT THAN ABOVE:

STREET	CITY	STATE	ZIP
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PHONE NUMBER:	REFERRED BY:		
ARE YOU 18 YEARS OF AGE OR OLDER:			
	YES		NO

EMPLOYMENT DESIRED		DATE YOU CAN START	/ /	SALARY DESIRED	
POSITION					
ARE YOU EMPLOYED NOW?	YES	NO			
IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?	YES	NO			
HAVE YOU EVER BEEN CONVICTED OF A FELONY?	YES	NO			

IF YES, PLEASE EXPLAIN:

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?	YES OR NO?	WHEN?
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EDUCATION:	NAME AND LOCATION OF SCHOOL	LAST YEAR COMPLETED	GRADUATION STATUS	SUBJECTS STUDIED/DEGREES RECEIVED.
HIGH SCHOOL		1 2 3 4	Y	
			N	
COLLEGE		1 2 3 4	Y	
			N	
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL		1 2 3 4	Y	
			N	

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK:

JOB RELATED SKILLS (TYPING, DRIVER'S LICENSE, ETC.)

ACTIVITIES (RELIGIOUS, CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS.

FORMER EMPLOYERS

LIST BELOW YOUR LAST FOUR EMPLOYERS STARTING WITH THE LAST ONE FIRST

DATE:	MM/YY	NAME AND PHONE NUMBER OF EMPLOYER, SUPERVISOR NAME	SALARY (UPON LEAVING)	POSITION	REASON FOR LEAVING
FROM					
TO					
FROM					
TO					
FROM					
TO					
FROM					
TO					

REFERENCES

LIST BELOW THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	PHONE #	HOW YOU KNOW THEM	YEARS KNOWN

IF YOU ARE TO BE HIRED BY THE COMPANY, YOU WILL BE REQUIRED TO ATTEST TO YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY, AND TO PRESENT DOCUMENTS CONFIRMING YOUR IDENTITY AND EMPLOYMENT ELIGIBILITY. YOU CANNOT BE HIRED IF YOU CANNOT COMPLY WITH THESE REQUIREMENTS.

AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME, IF ANY) ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE STATEMENT, OMISSION, OR MISREPRESENTATION ON THIS APPLICATION IS SUFFICIENT CAUSE FOR REFUSAL TO HIRE, OR DISMISSAL IF I HAVE BEEN EMPLOYED, NO MATTER WHEN DISCOVERED BY THE COMPANY.

I UNDERSTAND THAT BY SIGNING THIS STATEMENT, I AUTHORIZE A BACKGROUND CHECK, UNDERSTANDING THAT MY EMPLOYMENT MAY BE CONDITIONAL UPON THE RESULTS. I AUTHORIZE THE COMPANY TO THOROUGHLY INVESTIGATE ALL STATEMENTS CONTAINED IN MY APPLICATION OR RESUME, AND I AUTHORIZE MY FORMER EMPLOYERS AND REFERENCES TO DISCLOSE INFORMATION REGARDING MY FORMER EMPLOYMENT, CHARACTER, AND GENERAL REPUTATION TO THE COMPANY, WITHOUT GIVING ME PRIOR NOTICE OF DISCLOSURE. IN ADDITION, I RELEASE THE COMPANY, ANY FORMER EMPLOYERS, AND ALL REFERENCES LISTED ABOVE FROM ANY AND ALL CLAIMS, DEMANDS OR LIABILITIES ARISING OUT OF OR RELATED TO SUCH INVESTIGATION OR DISCLOSURE.

I UNDERSTAND AND AGREE THAT NOTHING CONTAINED IN THIS APPLICATION, OR CONVEYED DURING ANY INTERVIEW, IS INTENDED TO CREATE AN EMPLOYMENT CONTRACT. I FURTHER UNDERSTAND AND AGREE THAT IF I AM HIRED, MY EMPLOYMENT WILL BE "AT WILL" AND WITHOUT FIXED TERM, AND MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITHOUT PRIOR NOTICE, AT THE OPTION OF EITHER MYSELF OR THE COMPANY. NO PROMISES REGARDING EMPLOYMENT HAVE BEEN MADE TO ME, AND I UNDERSTAND THAT NO SUCH PROMISE OR GUARANTEE IS BINDING UPON THE COMPANY UNLESS MADE IN WRITING.

IF I AM OFFERED EMPLOYMENT, I AGREE TO SUBMIT TO A MEDICAL EXAMINATION AND DRUG TEST BEFORE STARTING WORK, IF REQUESTED. IF EMPLOYED, I ALSO AGREE TO SUBMIT TO A MEDICAL EXAMINATION OR DRUG TEST AT ANY TIME DEEMED APPROPRIATE BY THE COMPANY AND AS PERMITTED BY LAW. I CONSENT TO SUCH EXAMINATIONS AND TESTS, AND I REQUEST THAT THE EXAMINING DOCTOR DISCLOSE TO THE COMPANY THE RESULTS OF THE EXAMINATION, WHICH RESULTS SHALL REMAIN CONFIDENTIAL AND SEGREGATED FROM MY PERSONNEL FILE. I UNDERSTAND THAT MY EMPLOYMENT OR CONTINUED EMPLOYMENT, TO THE EXTENT PERMITTED BY LAW, MAY BE CONTINGENT UPON SATISFACTORY MEDICAL EXAMINATIONS AND DRUG TESTS, AND IF I AM HIRED, A CONDITION OF MY EMPLOYMENT WILL BE THAT I ABIDE BY THE COMPANY'S DRUG AND ALCOHOL POLICY.

I UNDERSTAND THAT FILLING OUT THIS FORM DOES NOT INDICATE THAT THERE IS A POSITION OPEN, AND DOES NOT OBLIGATE THE COMPANY TO HIRE. IF HIRED, I AGREE TO ABIDE BY ALL COMPANY WORK RULES, POLICIES AND PROCEDURES. THE COMPANY RETAINS THE RIGHT TO REVISE ITS POLICIES OR PROCEDURES IN WHOLE OR IN PART, AT ANY TIME.

DATE

SIGNATURE