COMPLETE RESOURCES COMPANY

PLEASE SIGN BELOW:

APPLICATION FOR EMPLOYMENT

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX (INCLUDING SEXUAL HARASSMENT), AND SEXUAL ORIENTATION. GENETIC INFORMATION, NATIONAL ORIGIN (ANCERSTRY), AGE (40 YEARS OR OLDER), MILITARY AND VETERAN STATUS (PAST, PRESENT, AND FUTURE), NATION ORIGIN, DISABILITY OR ANY OTHER CLASS PROTECTED BY LAW OR IN MAKING CERTAIN EMPLOYMENT-RELATED DECSIONS IS PROHIBITED. PLEASE PRINT POSITION(S) APPLIED FOR: DATE OF APPLICATION: REFERRAL SOURCE ADVERTISEMENT FRIEND WALKIN EMPLOYMENT AGENCY RELATIVE OTHER NAME SOCIAL SECURITY NUMBER COMPLETE ADDRESS TELEPHONE IF EMPLOYED AND YOU ARE UNDER 18, CAN HAVE YOU FILED AN APPLIATION HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? YOU FURNISH A WORK PERMIT? HERE BEFORE? YES NO IF YES. IF YES, GIVE DATE: GIVE DATE: ARE YOU EMPLOYED NOW? MAY WE CONTACT ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE COUNTRY BECAUSE VFS YOUR PRESENT OF VISA OR IMMGRATION STATUS? (PROOF OF CITIZENSHIP OR IMMGRATION STATUS NO EMPLOYER? MAY BE REQUIRED UPON EMPLOYMENT.) ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? ARE YOU AVAILABLE TO WORK: **FULL TIME** PART TIME SHIFT WORK **TEMPORARY CAN YOU TRAVEL IF A JOB REQUIRES IT?** HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 ARE YOU ON LAY-OFF AND SUBJECT TO RECALL? YEARS? YES NO YES NO YES NO IF YES TO FELONY, PLEASE EXPLAIN: **VETERAN OF THE U.S. MILITARY SERVICE?** IF YES, BRANCH: YES NO INDICATE WHAT FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE: SPEAK: **FLUENTLY** GOOD **FAIR** READ: FLUENTLY GOOD FAIR Write: FLUENTLY GOOD FAIR LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD. (EXCLUDE THOSE WHICH INDICATE RACE, COLOR, RELIGION, SEX, OR NATIONAL LIST ONE (2) REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS: TELEPHONE NUMBER NAME 1) 2) SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS, RECENTLY SEPARATED VETERANS (3 YRS DISCHARGED OR RELEASE FROM ACTIVE DUTY), ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN, AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS. GOVERNMENT CONTRACTORS ARE SUBJECT TO SECTION 402 OF THE VIETNAM ERA VETERANS READJUSTMENT ACT OF 1974 WHICH REQUIRES THAT THEY TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED DISABLED VETERANS AND VETERANS OF THE VIETNAM ERA, RECENTLY SEPARATED VETERANS, AND ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN AND SECTION 503 OF THE REHABILIATION ACT OF 1973. AS AMENDED, WHICH REQUIRES GOVERNMENT CONTRACTORS TO TAKE AFFIRMATIVE ACTION TO EMPLOY AND ADVANCE IN EMPLOYMENT QUALIFIED HANDICAPPED INDIVIDUALS. IF YOU ARE DISABLED VETERAN. OR HAVE A PHYSICAL OR MENTAL HANDICAP. YOU ARE INVITED TO VOLUNTEER THIS INFORMATION. THE PURPOSE IS TO PROVDE INFORMATION REGARDING PROPER PLACEMENT AND APPROPRIATE ACCOMMODATION TO ENABLE YOU TO PERFORM THE JOB IN A PROPER AND SAFE MANNER. THIS INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL NOT JEOPARDIZE OR ADVERSELY AFFECT ANY CONSIDERATION YOU MAY RECEIVE FOR EMPLOYMENT. IF YOU WISH TO BE IDENTIFIED AS DISABLE VETERAN, VIETNAM ERA VETERAN, RECENTLY SEPARATED VETERAN, ACTIVE DUTY WARTIME OR CAMPAIGN BADGE VETERAN:

EMPLOYMENT EXPERIENCE

START WITH YOUR PRESENT OR LAST JOB. INCLUDE MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITES. EXCLUDE ORGANIZATION NAMES WHICH INDICATE RACE, COLOR, RELIGION, SEX OR NATIONAL ORIGIN.

| | EMPLOYER | <u>DATE</u> | EMPLOYED | WORKED PERFORMED | | | |
|---|------------------------------------|----------------|-------------------|-------------------------------|--|--|--|
| | ADDRESS | FROM | ТО | | | | |
| 1 | JOB TITLE | HOURLY RATE | SALARY | | | | |
| | SUPERVISOR | STARING | FINAL | | | | |
| | REASON FOR LEAVING | I | | | | | |
| 2 | EMPLOYER | <u>DATE</u> | <u>EMPLOYED</u> | WORKED PERFORMED | | | |
| | ADDRESS | FROM | ТО | | | | |
| | JOB TITLE | HOURLY RATE | SALARY | | | | |
| | SUPERVISOR | STARTING | FINAL | | | | |
| | REASON FOR LEAVING | I. | | | | | |
| | EMPLOYER | <u>DATE</u> | <u>EMPLOYED</u> | WORKED PERFORMED | | | |
| | ADDRESS | FROM | ТО | | | | |
| • | JOB TITLE | HOURLY RATE | <u>SALARY</u> | | | | |
| 3 | SUPERVISOR | STARTING | FINAL | | | | |
| | REASON FOR LEAVING | | | | | | |
| | EMPLOYER | <u>DATE</u> | <u>EMPLOYED</u> | WORKED PERFORMED | | | |
| | ADDRESS | FROM | TO | | | | |
| | JOB TITLE | HOURLY RATE | <u>SALARY</u> | | | | |
| 4 | SUPERVISOR | STARTING | FINAL | | | | |
| | REASON FOR LEAVING | | | | | | |
| | | 1 | | | | | |
| SUMMARIZED SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMNET OR OTHER EXPERIENCE | | | | | | | |
| 9 | SPECIAL SKILLS AND QUALIFICATIONS: | FICATIONS ACQU | DIVED LYOIN EINIL | LOTIVINET OR OTHER EXPERIENCE | | | |
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| REASON FOR LEAVING | | | |
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| SUMMARIZED SPECIAL SKILLS AND QUALI PECIAL SKILLS AND QUALIFICATIONS: | FICATIONS ACQU | JIRED FROM EMF | PLOYMNET OR OTHER EXPERIENCE |
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| EDUCATION | ELEMENTARY | HIGH | COLLEGE/UNIVERSITY | GRADUATE/PROFESSIONAL | | | | |
|--|---|-------------|-------------------------|--|--|--|--|--|
| SCHOOL NAME | | | | | | | | |
| YEARS COMPLETED: (CIRCLE) | 4 5 6 7 8 9 10 1 | 1 12 | 1 2 3 4 | 1 2 3 4 | | | | |
| DIPLOMA/DEGREE: | | | | | | | | |
| DESCRIBE COURSE OF STUDY: | | | | | | | | |
| DESCRIBE SPECIALIZED TRAINING, AI | PPRENTICESHIP, SKILLS, | AND EXTRA - | -CURRICULAR ACTIVITIES: | | | | | |
| | | | | | | | | |
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| HONORS RECEIVED: | | | | | | | | |
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| STATE ANY ADDITIONAL INFORMATI | STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION: | | | | | | | |
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| | | | | | | | | |
| EMPLOYMENT AT WILL: Ei with or without cause or pi | | mpany m | ay terminate the empl | oyment relationship at any time, | | | | |
| _ | guaranteeing emp | loyment f | or any specific period. | e President, has the authority to And, no such agreement shall be vee. | | | | |

| UNION STATIUS: | | STATE CITY OF UNION LOCA | L: | | ERE IF YOU | | | |
|---|---------------------------|--------------------------|----------------------|--------|---------------|--|--|--|
| STATE UNION LOCAL | YOUR BELONG TO: | | | BELONG | TO NO UNION | | | |
| LOCAL# | | | | | | | | |
| | | | | | | | | |
| AGREEMENT: | | | | | | | | |
| | ers given herein are true | and complete to the best | of my knowledg | e | | | | |
| recitify that answ | ero given herein are trae | and complete to the best | or my knowicus | c. | | | | |
| I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. | | | | | | | | |
| In the event of employment, I understand that false or misleading information given in my application or interview(s) may result In discharge. I understand, also, that I am required to abide by all rules and regulations of the Company. | | | | | | | | |
| SIGNATURE OF APPLIC | CANT | | DATE | | | | | |
| | | | | | | | | |
| | FOR PERS | SONNEL DEPARTMENT | USE ONLY | | | | | |
| ARRANGE INTERVIEW : YES NO INTERVIEWER: DATE | | | | | | | | |
| REMARKS: | | | | | | | | |
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| EMPLOYED | DATE OF SAADI OVERSET | IOD TITLE | 1101101111 2 2 2 7 7 | 'ALABY | DEDARTS 451.7 | | | |
| EMPLOYED | DATE OF EMPLOYMENT: | JOB TITLE: | HOURLY RATE/S | ALARY: | DEPARTMENT: | | | |
| | | | | | | | | |
| YES NO | | | | | | | | |
| | | | DAT | ·c | I. | | | |
| | | | DAT | ·E | | | | |
| | NAME AND TITLE | | DAT | E | | | | |
| BY | NAME AND TITLE | | DAT | E | | | | |
| | NAME AND TITLE | | DAT | E | | | | |
| BY | NAME AND TITLE | | DAT | E | | | | |

APPLICATION DATA RECORD

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS AND EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN (ANCERSTRY), MILITARY STATUS (PAST, PRESENT, FUTURE), VETERAN STATUS, DISABILITY, AGE (40 YEARS OR OLDER), SEX (INCLUDING SEXUAL HARASSMENT), SEXUAL ORIENTATION, GENETIC INFORMATION, NATION ORIGIN, DISABILITY OR ANY OTHER CLASS PROTECTED BY LAW OR IN MAKING CERTAIN EMPLOYMENT-RELATED DECISION IS PROHIBITED.

AS EMPLOYERS/GOVERNMENT CONTRACTORS, WE COMPLY WITH GOVERNMENT REGULATIONS AND AFFIRMATIVE ACTION RESPONSIBILITIES.

THIS DATA IS FOR PERIODIC GOVERNMENT REPORTING AND WILL BE KEPT IN A

SOLELY TO HELP US COMPLY WITH GOVERNMENT RECORD KEEPING, REPORTING AND OTHER LEGAL REQUIREMENT; PLEASE FILL OUT THE APPLICANT DATA RECORD. WE APPRECIATE YOUR COOPERATION.

CONFIDENTIAL FILE SEPARATE FROM THE APPLICATION FOR EMPLOYMENT.

Position Applied For

Referral Source

Advertisement Friend Relative Walk-In Employment Agency Other

Name (Last) (First) (Middle)

THIS INFORMATION IS VOLUNTARY, IT WILL ONLY BE USED FOR AFFIRMATIVE ACTION ANALYSIS.

AFFIRMATIVE ACTION SURVEY

GOVERNMENT AGENCIES REQUIRE PERIODIC REPORTS ON THE SEX, ETHNICITY, DISABLED AND VETERAN STATUS OF APPLICANTS. THIS DATA IS FOR ANALYSIS AND AFFIRMATIVE ACTION ONLY. SUBMISSION OF INFORMATION ABOUT A DISABILITY IS VOLUNTARY.

| Check One: | Check One of the Following | | | | | | | |
|---|----------------------------|--|---|---|-----------------------|---------------------------|--|--|
| □ Male □ Female | Race/ White Ethnic Group | □ Black/ □ Hispani African Latino American | ic/ □Native Hawaiia Pacific Islander | an □ American Indian/ Alaskan Native | □ Asian | □ Two or More Races | | |
| Check if any of the fo | ollowing are applica | able: | | | | | | |
| □ Recently Separated Vet (1yr from discharge/ releas | | n Armed Forces Service Medal Veteran | | Active Wartime or ampaign Badge Veteran | □ Disabled Individual | | | |
| □ I am a Protective Vetera: | n and choose not to Self | - Identify my classification | on. c | ☐ I am not a protected Vet | eran | | | |