

APPLICATION FOR EMPLOYMENT

The Dupps Company is an equal Employment Opportunity Employer. Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, disability or handicap, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

PERSONAL INFORMATION Use the additional space on the back of this form, if needed.

Name (Full – Last, First, MI)					What date are you avai	lable to start work?				
Street Address:			City		State	Zip				
Home Phone				Do you have any friends or relatives working here?YesNo If so, please list						
Have you previously been employed by o Yes No When?	Are you legally authorized to work in the United States? Yes No Can you provide proof of eligibility to work in the US? Yes No (Proof of eligibility will be required before you can be employed) Are you at least 18 years of age? Yes No									
Position applied for:		Desired Wages/Salary		Are you willi Full Time	ng to work: <i>(check</i> Part Time Te _WeekendsOver	mporary				

Education

High School City/State	Circle grade comp	bleted 9 th 10 th 11 th 12 th	Did you graduate?YesNo If no, have you received a GED? YesNo			
College City/State	Years attended	Degree Received Or Expected	Average Grade	Course major/Field		
College City/State	Years attended	Degree Received Or Expected	Average Grade	Course Major/Field		
Trade, business, correspondence school City/State	Years attended	Degree Received Or Expected	Average Grade	Course Major/Field		

Other job-related, educational institutions, licenses, certifications, specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

EMPLOYMENT HISTORY (List below last employers, starting with the most recent one first)

Present or Last Position	Name of Company			From:	Mo/Yr	To:	Mo/Yr
Street Address:			City		State		Zip
Duties:		Rea	son for Leaving:				
Starting Annual Salary/Hourly Rate	Final Annual Salary/Hourly Rate	Wh	at did you like least about	this job	?		
Name of Supervisor	Title and Department of Supervisor	Pho	one Number of Supervisor		If currently en your supervise		ved, may we contact

Next Previous Position	Name of Con	npany			From	Mo/Yr		To N	Mo/Yr
Street Address:				City		State			Zip
Duties:			Rea	son for Leaving:					
Starting Annual Salary/Hourly Rate	Final Annual	Salary/Hourly Rate	Wh	at did you like least about	this job	?			
Name of Supervisor		Title and Department of S	uperv	isor			Phone Nu	mber	of Supervisor

Next Previous Position	Name of Con	npany			From M	Mo/Yr		To Mo	o/Yr
Street Address:				City		State		Z	Zip
Duties:			Rea	son for Leaving:					
Starting Annual Salary/Hourly Rate	Final Annual	Salary/Hourly Rate	Wh	at did you like least about	this job?	?			
Name of Supervisor		Title and Department of Su	ipervi	isor			Phone Nu	mber of	Supervisor

Next Previous Position	Name of Con	npany			From M	Mo/Yr		To Mo/Yr
Street Address:				City		State	·	Zip
Duties:			Rea	son for Leaving:				·
Starting Annual Salary/Hourly Rate	Final Annual	Salary/Hourly Rate	What	at did you like least about	this job	?		
Name of Supervisor		Title and Department of S	upervi	isor			Phone Nur	nber of Supervisor

References

List at least three business references that have knowledge of your work ethic, experience, and ability. (Do not include relatives)

Name	Company	Telephone No.	Occupation
Are you currently on l	lay-off and subject to recall?Yes	No	

Have you ever been convicted of a felony or misdemeanor? <u>Yes</u> No If so, please explain below giving date, charge, county & all other detailed matter pending and current status. An applicant is not required to provide a response regarding conviction records sealed under the Ohio First-Offenders law unless we advise you that this question is substantially related to a position for which you may be considered.

(A conviction will not necessarily disqualify an applicant from employment)

If applying for a position that requires driving, do you have a valid driver's license? ____Yes ____No

Please list date and description of all chargeable accidents:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING JOB APPLICANT'S AGREEMENT AND CERTIFICATION

- In consideration of my employment, I agree to conform to the policies and procedures of the company. I understand that in accepting this application, the company is in no way obligated to provide me with employment and that I am not obligated to accept employment if offered. Furthermore, if employed, I understand that I am employed at will and that my employment and compensation can be terminated with or without reason, and with or without notice at any time.
- I understand that this application will be kept on file for one year from the date completed, after which time I would have to reapply in accordance with established company procedures.
- I certify that the facts contained in this application are true and complete to the best of my knowledge. I understand that any misrepresentation or falsification of information or significant omissions on either this application or during the pre-employment process will result in my application being rejected, or, may result in my subsequent dismissal if I am hired.
- I also understand that any offer of employment is conditioned on pre-employment procedures, which includes a background check, tests and documentation. I will, upon request, sign all necessary consent and authorization and release forms. I voluntarily and knowingly authorize the company and/or its agents, to verify any aspect of the information contained in my employment application or through public and private sources. I authorize any third party organization to perform a consumer report and background investigation. I also authorize and consent any companies, schools or persons listed on this application (or accompanying resume) to give any information regarding my employment, qualifications and character to The Dupps Company. I understand that the employment information may include, but is not necessarily limited to, performance evaluation and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.
- I voluntarily and knowingly, fully release and discharge, absolve, indemnify and hold harmless you, your agents and any former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any such information to you, your agents, or consumer reporting agency.
- I understand that I will be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I will also be required to take a physical exam if I am selected for employment and before beginning employment.
- I agree that any claim or lawsuit relating to my service with The Dupps Company must be filed no more than six (6) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.
- I have read and understand the contents of this employment application and am fully able and competent to complete it.

Date	Signature