

STANLEY SWAIN’S, INCORPORATED

APPLICATION FOR EMPLOYMENT

IMPORTANT NOTICE: THIS IS A VERY SIGNIFICANT DOCUMENT. YOU SHOULD BE VERY CAREFUL AS YOU COMPLETE IT. ANSWER EACH ITEM ACCURATELY AND COMPLETELY. FAILURE TO DO SO MAY RESULT IN YOU NOT BEING CONSIDERED FOR THE POSITION OR IN YOUR TERMINATION IF INACCURATE OR OMITTED INFORMATION IS DISCOVERED AFTER YOUR EMPLOYMENT HAS BEGUN.

DO NOT SIMPLY WRITE “SEE RESUME.” COMPLETE RESPONSES ARE REQUIRED FOR EACH ITEM.

DATE: _____

YOUR FULL NAME PRINTED

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

LIST ALL OTHER NAMES BY WHICH YOU HAVE EVER WORKED OR BEEN EDUCATED _____

(Note: This information is only necessary for verification of your prior work history and education.)

PRESENT ADDRESS _____
STREET/APT. NO. CITY STATE ZIP

PHONE NUMBER

PERMANENT ADDRESS _____
STREET/APT. NO. CITY STATE ZIP

PHONE NUMBER

ARE YOU 18 YEARS OR OLDER? YES _____ NO _____

CAN YOU FURNISH PROOF THAT YOU HAVE THE RIGHT TO EMPLOYMENT
IN THE U.S.? YES _____ NO _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____
ARE YOU AVAILABLE TO WORK: FULL-TIME? _____ PART-TIME? _____

ARE YOU EMPLOYED NOW? _____

IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

WHO REFERRED YOU TO OUR COMPANY? _____

EVER APPLIED TO OUR COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

EVER WORKED FOR OUR COMPANY BEFORE? _____ WHERE? _____ WHEN? _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING _____

NAME OF LAST SUPERVISOR AT OUR COMPANY _____

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NAMES OF ALL RELATIVES WHO WORK FOR
THE COMPANY _____

NAMES OF ALL FRIENDS AND ACQUAINTANCES
WHO WORK FOR THE COMPANY _____

FORMER EMPLOYERS (LIST ALL CURRENT AND PAST EMPLOYERS, STARTING WITH MOST RECENT
ONE. ATTACH ADDITIONAL PAGES, IF NECESSARY.)

1. NAME AND ADDRESS OF
PRESENT OR LAST EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

HR./MO. STARTING SALARY _____ HR./MO. FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT IMMEDIATE SUPERVISOR? _____

NAME AND TITLE OF
IMMEDIATE SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING _____

2. NAME AND ADDRESS OF
NEXT PREVIOUS EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

HR./MO. STARTING SALARY _____ HR./MO. FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT IMMEDIATE SUPERVISOR? _____

NAME AND TITLE OF
IMMEDIATE SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING _____

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3. NAME AND ADDRESS OF
NEXT PREVIOUS EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

HR./MO. STARTING SALARY _____ HR./MO. FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT IMMEDIATE SUPERVISOR? _____

NAME AND TITLE OF
IMMEDIATE SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING _____

4. NAME AND ADDRESS OF
NEXT PREVIOUS EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

HR./MO. STARTING SALARY _____ HR./MO. FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT IMMEDIATE SUPERVISOR? _____

NAME AND TITLE OF
IMMEDIATE SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING _____

5. NAME AND ADDRESS OF NEXT PREVIOUS EMPLOYER _____

STARTING DATE _____ LEAVING DATE _____
MONTH YEAR MONTH YEAR

HR./MO. STARTING SALARY _____ HR./MO. FINAL SALARY _____

JOB TITLE _____ MAY WE CONTACT IMMEDIATE SUPERVISOR? _____

NAME AND TITLE OF IMMEDIATE SUPERVISOR _____ PHONE NO. _____

DESCRIPTION OF WORK _____

WAS TERMINATION VOLUNTARY OR INVOLUNTARY? _____

EXACT REASON(S) FOR LEAVING _____

UNEMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ANY TIME YOU WERE NOT EMPLOYED IN THE LAST 10 YEARS, AFTER LEAVING SCHOOL. (YOU NEED NOT LIST ANY UNEMPLOYED PERIODS OF ONE MONTH OR LESS.) (NOTE: PERIODS OF UNEMPLOYMENT WILL NOT NECESSARILY DISQUALIFY AN APPLICANT.)

TIME PERIOD

REASON(S) UNEMPLOYED

(PLEASE ATTACH ADDITIONAL SHEETS, IF INSUFFICIENT SPACE.)

EDUCATION

<u>SCHOOL LEVEL</u>	<u>NAME AND LOCATION OF SCHOOL(S)</u>	<u>NO. OF YEARS ATTENDED</u>	<u>DID YOU GRADUATE?</u>	<u>MJR/MNR STUDIED</u>
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HIGH SCHOOL(S) _____

COLLEGE(S) _____

TRADE, BUSINESS OR CORRESP. SCHOOL(S) _____

MISCELLANEOUS

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

LICENSES AND CERTIFICATIONS _____

DO YOU HAVE ANY COMMITMENTS TO ANOTHER ENTITY, BUSINESS, OR PERSON THAT MIGHT INTERFERE WITH YOUR EMPLOYMENT WITH OUR COMPANY, SUCH AS BEING SUBJECT TO A RESTRICTIVE COVENANT, TO A TRADE SECRETS AGREEMENT, TO RECALL FROM LAYOFF, OR HOLDING A SECOND JOB?

YES _____ NO _____

EXPLAIN FULLY _____

PERFORMANCE OF JOB-RELATED FUNCTIONS

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT REASONABLE ACCOMMODATION, FOR WHICH YOU ARE APPLYING?

YES _____ NO _____

DO YOU CURRENTLY TAKE ANY ILLEGAL DRUGS?

YES _____ NO _____

DESCRIBE FULLY _____

DO YOU USE ALCOHOL TO THE EXTENT THAT YOU WOULD BE PREVENTED FROM PERFORMING THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION?

YES _____ NO _____

IF REQUESTED, ARE YOU AVAILABLE TO WORK (CHECK AS MANY THAT WOULD APPLY):

_____ WEEKENDS

_____ EVENINGS

_____ DAYS

_____ OVERTIME

REFERENCES

GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>YEARS</u> <u>ACQUAINTED</u>
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____

FROM TIME TO TIME, THE COMPANY MAY OBTAIN INFORMATION ABOUT YOU FROM PUBLIC RECORDS. IF YOU WISH TO WAIVE YOUR RIGHT TO RECEIVE A COPY OF ANY PUBLIC RECORD, YOU SHOULD CHECK THE FOLLOWING BOX:

[APPLICATION CONTINUES ON NEXT PAGE WITH "AUTHORIZATIONS"]

AUTHORIZATIONS

IMPORTANT

PLEASE READ CAREFULLY AND INITIAL EACH AUTHORIZATION PARAGRAPH BEFORE SIGNING

TRUTHFUL STATEMENTS

“I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA AND THE UNITED STATES OF AMERICA THAT THE FACTS CONTAINED IN THIS APPLICATION OR ANY RESUME OR OTHER DOCUMENTATION SUBMITTED ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT ANY FALSE INFORMATION OR SIGNIFICANT OMISSIONS WILL DISQUALIFY ME FROM FURTHER CONSIDERATION FOR EMPLOYMENT, AND WILL BE JUSTIFICATION FOR MY DISMISSAL FROM EMPLOYMENT, IF DISCOVERED AT A LATER DATE.”

_____ INITIALS

CRIMINAL MATTERS

“I AGREE TO IMMEDIATELY NOTIFY THE COMPANY IF I SHOULD BE CONVICTED OF OR PLEAD GUILTY OR NOLO CONTENDERE TO ANY CRIME WHILE MY JOB APPLICATION IS PENDING OR DURING MY PERIOD OF EMPLOYMENT, IF HIRED.”

_____ INITIALS

INVESTIGATION OF INFORMATION

“I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION (AND ACCOMPANYING RESUME OR OTHER DOCUMENTATION, IF ANY) AND FURTHER AUTHORIZE ANY PERSON, SCHOOL, CURRENT EMPLOYER (EXCEPT AS EXPRESSLY NOTED), PAST EMPLOYER(S), CONSUMER REPORTING AGENCY AND ORGANIZATIONS, WHETHER OR NOT NAMED IN THIS APPLICATION FORM (AND ACCOMPANYING RESUME OR OTHER DOCUMENTATION, IF ANY), TO PROVIDE THE COMPANY WITH RECORDS, INFORMATION AND OPINION THAT MAY BE USEFUL IN MAKING A HIRING DECISION. I RELEASE ALL SUCH INFORMANTS AND THE COMPANY FROM ALL LIABILITY FOR ANY DECISION, CLAIM OR DAMAGE THAT MAY RESULT FROM FURNISHING AND/OR RELYING ON SUCH INFORMATION AND OPINION (WHICH IS TRUTHFUL OR MADE IN GOOD FAITH) TO YOU.”

_____ INITIALS

DRUG SCREENING AND MEDICAL EXAMINATIONS

“I GIVE PERMISSION FOR A PRE-EMPLOYMENT DRUG SCREENING EXAM AND, IF THE COMPANY MAKES A CONDITIONAL JOB OFFER, I GIVE PERMISSION FOR A MEDICAL EXAMINATION. I ALSO CONSENT TO THE APPROPRIATE RELEASE OF THE RESULTS OF THE PRE-EMPLOYMENT DRUG SCREENING AND OF THE MEDICAL EXAMINATION, AS MAY BE DEEMED NECESSARY, AND AGREE TO EXECUTE ANY RELEASE OR OTHER DOCUMENTATION NECESSARY TO EFFECTUATE THIS CONSENT.”

_____ INITIALS

COMPANY BUSINESS AND CONFIDENTIAL OR TRADE SECRET INFORMATION

“I UNDERSTAND THAT, IF HIRED, AND DURING MY EMPLOYMENT, I SHALL ALWAYS GIVE PREFERENCE TO THIS COMPANY’S BUSINESS. I FURTHER AGREE NOT TO USE OR DISCLOSE COMPANY TRADE SECRETS OR CONFIDENTIAL OR PROPRIETARY INFORMATION TO ANYONE OUTSIDE THE COMPANY OR ANYONE WITHIN THE COMPANY WHO IS NOT AUTHORIZED TO HAVE THE INFORMATION. I FURTHER AGREE TO EXECUTE ANY DOCUMENTATION NECESSARY TO EFFECTUATE THIS PROVISION. I WILL NOT ENGAGE IN OTHER ACTIVITIES THAT CREATE A CONFLICT OF INTEREST WITH MY POSITION WITH THE COMPANY UNLESS GIVEN PERMISSION IN WRITING BY THE COMPANY.”

_____ INITIALS

AGREEMENT FOR AT-WILL EMPLOYMENT

“IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE THAT MY EMPLOYMENT WILL BE AT-WILL, AND MAY BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME AT THE OPTION OF MYSELF OR THE COMPANY. I UNDERSTAND AND ACKNOWLEDGE THAT ONLY THE PRESIDENT OF THE COMPANY HAS THE AUTHORITY TO ENTER INTO AN EMPLOYMENT AGREEMENT FOR A SPECIFIED PERIOD OF TIME OR FOR TERMINATION ONLY FOR CAUSE, AND ANY SUCH AGREEMENT MUST BE IN WRITING. I UNDERSTAND AND ACKNOWLEDGE THAT THIS CONSTITUTES THE ENTIRE AGREEMENT BETWEEN ME AND THE COMPANY REGARDING THE TERM OF MY EMPLOYMENT AND SUPERSEDES ANY OTHER ORAL OR WRITTEN AGREEMENT.”

_____ INITIALS

COMPLIANCE WITH RULES

“IF I BECOME EMPLOYED, IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO COMPLY WITH THE RULES, REGULATIONS, POLICIES AND PROCEDURES OF THE COMPANY.”

_____ INITIALS

PRE-EMPLOYMENT DOCUMENTS

“IF OFFERED EMPLOYMENT, I UNDERSTAND THAT I WILL BE REQUIRED TO REVIEW, COMPLETE AND EXECUTE VARIOUS EMPLOYMENT DOCUMENTS (INCLUDING, BUT NOT LIMITED TO, THIS APPLICATION, EMPLOYEE HANDBOOK AND EMPLOYEE HANDBOOK RECEIPT FORM, CONFIDENTIALITY AND NON-DISCLOSURE AGREEMENTS), AND AGREE THAT THE PROCESS OF MY BEING HIRED WILL NOT BE COMPLETE UNTIL ALL EMPLOYMENT DOCUMENTS HAVE BEEN SIGNED.”

_____ INITIALS

COMPANY PROBLEM RESOLUTION PROCEDURE AND MUTUAL AGREEMENT TO
MEDIATE AND/OR ARBITRATE

“IF OFFERED EMPLOYMENT, I UNDERSTAND THAT A CONDITION OF EMPLOYMENT IS TO AGREE TO THE COMPANY’S PROBLEM RESOLUTION PROCEDURE WHICH INCLUDES A MUTUAL AGREEMENT TO MEDIATE AND/OR ARBITRATE AS A FINAL AND BINDING STEP, AND I AGREE THAT THE PROCESS OF MY BECOMING EMPLOYED WILL NOT BE COMPLETE UNTIL I HAVE SIGNED ALL EMPLOYMENT DOCUMENTS, INCLUDING, BUT NOT LIMITED TO, THE MUTUAL AGREEMENT TO MEDIATE AND/OR ARBITRATE.”

_____ INITIALS

PRE-EMPLOYMENT MUTUAL AGREEMENT TO MEDIATE AND/OR ARBITRATE

“I UNDERSTAND THAT BY SIGNING AND SUBMITTING THIS APPLICATION, I AGREE TO THE EXCLUSIVE, FINAL AND BINDING RESOLUTION OF ALL DISPUTES OR CLAIMS OF ANY KIND ARISING OUT OF OR RELATING TO MY APPLICATION FOR EMPLOYMENT WITH THE COMPANY AND THE COMPANY’S DECISION WHETHER TO HIRE ME BY THE TERMS AND PROCEDURES SET FORTH IN THE COMPANY’S MUTUAL AGREEMENT TO MEDIATE AND/OR ARBITRATE CLAIMS. I MAY REVIEW A COPY OF THE MUTUAL AGREEMENT TO MEDIATE AND/OR ARBITRATE UPON REQUEST. I ALSO UNDERSTAND THAT IF I DO NOT SIGN THE APPLICATION AND AGREE TO SUBMIT ALL COVERED CLAIMS TO THE MUTUAL AGREEMENT TO MEDIATE AND/OR ARBITRATE, I WILL NOT BE ELIGIBLE FOR EMPLOYMENT WITH THE COMPANY.”

_____ INITIALS

DATE _____

SIGNATURE _____