

APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer

(No discrimination on the basis of age, race, color, religion, sex, national origin, disability, veteran or other protected status)

Date of Application: _____

Name _____ Social Security No. _____ - _____ - _____
(Last) (First) (Middle)

Present Address _____
(Street) (City) (State) (ZIP)

Mailing/Permanent Address _____
(Street) (City) (State) (ZIP)

Phone # _____ Best time to contact you at home is: _____

You are subject to medical and drug testing at any time with this company.

Do you have any violations on your driving record? [yes] [no] (This will be verified)

If "yes", explain:

Have you ever been convicted of, had deferred adjudication for, or pled guilty or no contest to, a felony offense? [yes] [no]

IMPORTANT: For purposes of employment with Alsay Incorporated, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court-ordered restitution.

If "yes", explain:

Are you 18 years or older? [yes] [no] Position Desired _____ Date Available _____

Are you available to work: Nights? [yes] [no] Weekends? [yes] [no]
 Overtime? [yes] [no] Out-of-town? [yes] [no]

Are you employed now? [yes] [no] If so, may we contact your employer? [yes] [no]

Ever applied with this company before? [yes] [no] Where? _____ When? _____

Do any of your friends or relatives, other than your spouse, work here? [yes] [no]

If yes, state name and relationship _____

EDUCATION

School	Name and Location of School	Course of Study and Degree/Diploma	No. of Years Completed	Did you Graduate?
High School				
College				
Business/Trade/ Technical				

List special training, experience or skills:

WORK EXPERIENCE Start with your present or most recent employer.

Company Name	Telephone ()	Dates Employed (Month & Year) From To
Address	Supervisor	Pay/Salary Start Final
Job Title and Work Performed		Reason for Leaving

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REFERENCES Do not include relatives.

NAME	ADDRESS	PHONE NO.	BUSINESS/OCCUPATION	YRS. KNOWN

JOB REQUIREMENTS Refer to the "Job Description and Essential Job Functions" or ask the interviewer.

I am familiar with the mental and physical requirements of the job for which I am applying. [yes] [no]
I certify that I am able to perform the tasks required (with or without accommodation) in the job for which I am applying. [yes] [no]
I request the following accommodation to explain, demonstrate, or continue the employment application process:

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified or misleading statements or omission of facts on this application is cause for immediate dismissal.

I authorize investigation of all statements contained herein and the references listed above (as well as other sources at management's discretion, including those related to character and credit records) to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand that any job offer may be conditional upon information obtained after the offer is made. I understand that employment with this company is "AT WILL," which means that (if hired) my employment is for no definite period and may, regardless of the date of payment of my wages and/or salary, be terminated at any time without any prior notice, and with or without explanation or reason. Wages will cease immediately upon termination of employment. I will not rely on any oral or written statements to the contrary unless IN WRITING and signed by an authorized official of the Company. Any legal action I may bring against the Company regarding terms and conditions of employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company.

APPLICANT'S SIGNATURE: _____ DATE: _____

APPLICANT STATEMENT

1. I certify and agree that: Any misrepresentation (deliberate or otherwise) or omission of facts or information in my application or interview may be justification for refusal of employment. This application is a sincere effort to obtain employment and for no other purpose. If I am employed, falsification or omission of any information may result in immediate termination. If offered employment, I understand that the offer may be conditional upon verification of information I provide, as well as other information obtained by the Company. _____ **Initial**

2. In applying for employment, I understand that the Company may make a thorough investigation of my entire work and personal history (including credit checks and criminal background), and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the Company, and I release from liability any person giving or receiving such information. I understand that falsification of data given or any derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal if the Company considers such information to be pertinent to my employment. _____ **Initial**

3. I agree to immediately notify Alsay Incorporated if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust, while my application for employment is pending or during my period of employment, if hired. _____ **Initial**

4. I understand and agree that employment with this company is "AT WILL," which means that (if hired) my employment is for no definite period and may be terminated with or without cause at any time without liability whatsoever, except for wages or salary as may have been earned at the date of termination. Wages will cease immediately upon termination of employment. If requested by management, I authorize any physician, hospital, clinic, or laboratory to release any information that may be necessary to determine my ability to satisfactorily perform the duties of a job for which I am being considered, prior to employment, or in the future during my employment with the Company. _____ **Initial**

5. I understand that management may make efforts to accommodate individual preferences, but that business needs may make the following conditions mandatory: Overtime, Out-of-Town Travel, Shift Work, Rotating Work Schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my employment or continued employment. _____ **Initial**

I understand that no employment contract is being offered or created at this time. No employee has a contract of employment with this Company unless it is IN WRITING and signed by an authorized officer of the Company. I also understand that if I am employed, my employment will be for an indefinite period of time, and that the Company can change wages, benefits, and conditions of employment at any time, with or without notice, and without prior approval of any employee or employee group, and that any legal action regarding my employment must be initiated and maintained in the court of jurisdiction nearest the home office of the Company. _____ **Initial**

I have read and understand this paper, and I have had the opportunity to ask for explanations of any portion I may not have understood.

Applicant's Signature

Date

This application will remain active for 45 days. If you desire continued consideration for employment, you may reapply after that time.