

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
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APPLICATION FOR EMPLOYMENT  
APPLICANTS MAY BE SCREENED FOR ILLEGAL DRUGS

PLEASE COMPLETE PAGES 1-3.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Number Street City State Zip

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

If under 18, please list age \_\_\_\_\_

Position applied for \_\_\_\_\_

Days/hours available to work

No Pref \_\_\_\_\_ Thur \_\_\_\_\_

Mon \_\_\_\_\_ Fri \_\_\_\_\_

Tue \_\_\_\_\_ Sat \_\_\_\_\_

Wed \_\_\_\_\_ Sun \_\_\_\_\_

How many hours can you work weekly? \_\_\_\_\_ Can you work nights? \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY

FULL- OR PART-TIME

When available for work? \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A CRIME?  No  Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE?  Yes  No

What is your means of transportation to work? \_\_\_\_\_

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Work Experience **Please list your work experience for the two employers beginning with your most recent job held.**  
**If you were self-employed, give firm name.** Attach additional sheets if necessary.

<b>Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your last job title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

<b>Name of employer</b> <b>Address</b> <b>City, State, Zip Code</b> <b>Phone number</b>	<b>Name of last supervisor</b>	<b>Employment dates</b>	<b>Pay or salary</b>
		<b>From</b> <b>To</b>	<b>Start</b> <b>Final</b>
	<b>Your Last Job Title</b>		
<b>Reason for leaving (be specific)</b>			
<b>List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.</b>			

May we contact your present employer?  Yes  No

Did you complete this application yourself  Yes  No

If not, who did? \_\_\_\_\_

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**Drug Screening Consent**

This drug screen will detect the presence of Amphetamines, Cocaine, Methamphetamine, Morphine (Opiates), PCP and THC (Marijuana). If you are taking and prescriptions that may cause a positive test result for one of the drugs being tested, you must provide proof at the time the drug screen is administered. Also, if your urine sample is clear white in appearance, it will be considered diluted and therefore be classified as a positive result. The results of this drug screen are only used for employment and will not be used for any other purpose.

If I do not pass this initial screening, I have the option to go immediately to a local clinical laboratory and take another test at my expense. If I test negative on that test, I can return the results and will be able to proceed with the hiring process.

**Print Name** \_\_\_\_\_

**Screening Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Drug Screening Results**

Following are the results of the preliminary drug screen that was given to the job candidate. If any of the preliminary results are positive, the candidate has the right to go to a certified lab to be retested within 8 hours. If those results are negative, the hiring process will continue.

<b>Amph</b>	<b>Cocaine</b>	<b>Meth</b>	<b>Opiates</b>	<b>PCP</b>	<b>THC</b>
<input type="checkbox"/> <b>Positive</b>	<input type="checkbox"/> <b>Positive</b>	<input type="checkbox"/> <b>Positive</b>	<input type="checkbox"/> <b>Positive</b>	<input type="checkbox"/> <b>Positive</b>	<input type="checkbox"/> <b>Positive</b>
<input type="checkbox"/> <b>Negative</b>	<input type="checkbox"/> <b>Negative</b>	<input type="checkbox"/> <b>Negative</b>	<input type="checkbox"/> <b>Negative</b>	<input type="checkbox"/> <b>Negative</b>	<input type="checkbox"/> <b>Negative</b>

**Applicant's signature acknowledging above information** \_\_\_\_\_

**Screening Date** \_\_\_\_\_

**Name of test administrator** \_\_\_\_\_

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**PLEASE READ CAREFULLY**

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**APPLICATION FORM WAIVER**

In exchange for the consideration of my job application by Century Seals, Inc. (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Century Seals, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and Century Seals, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that may provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

**Signature of applicant** \_\_\_\_\_ **Date:** \_\_\_\_\_

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This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

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POST EMPLOYMENT INFORMATION FORM

**TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED**

Birth date \_\_\_\_\_

Married    Single    Separated    Divorced    Widowed

Full name of spouse \_\_\_\_\_ Occupation \_\_\_\_\_

Name of company \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

**PERSON TO BE NOTIFIED IN CASE OF EMERGENCY**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

TO BE COMPLETED  
BY EMPLOYER

Date of employment \_\_\_\_\_ Job title \_\_\_\_\_

Rate of pay \_\_\_\_\_  Full-time    Part-time    Salaried

Pay schedule    Weekly    Bi-weekly    Other \_\_\_\_\_

Name of person verifying information \_\_\_\_\_

Name of person authorizing employment \_\_\_\_\_