

PLEASE PRINT ALL  
INFORMATION  
REQUESTED EXCEPT  
SIGNATURE



## 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

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

Are you 18 years of age or older?  Yes  No

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 are you available to start 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. \_\_\_\_\_  
\_\_\_\_\_

**\*The presence of a criminal record does not automatically disqualify an applicant from employment.**

Do you have reliable transportation to and from work?  Yes  No

Are you legally eligible to work in the United States?  Yes  No

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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.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Employer Address:		From To	Start Final
Employer Phone:	Your Last Job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Employer Address:		From To	Start Final
Employer Phone:	Your Last Job Title:		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

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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 any 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 \_\_\_\_\_



**PLEASE READ CAREFULLY**

**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 contact.

I also understand that (1) the Company has a drug and alcohol policy that may provide 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 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:** \_\_\_\_\_

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, gender identity, 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.



## Essential Functions

Listed below are the essential functions for employment across all positions at Century Seals, Inc. and Fin-Tec. Additional functions may be required for specific jobs. These will be discussed with you in detail if you are called for an interview.

- The ability to read, write and communicate in the English language.
- The ability to discern colors, numbers, and symbols.
- The ability to manipulate objects, some of which may be very small, during the process of assembly and/or plating.
- Some positions will require the employee to remain stationary at a work station for most of the shift. Others will require the employee to frequently move about their work area for most of the shift.
- The ability to constantly operate tools and/or machinery required for assembly and/or plating, and completion of tasks. These tools may include:
  - Desktop computer
  - Copier, scanner, or similar office machinery
  - Tablet or similar mobile device
  - Gripping devices such as pliers or tweezers
  - Magnifying devices
  - Other machinery used in the process of assembly and/or plating

I have read and understand the above statements, and certify that I am able to perform these functions with or without reasonable accommodation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Veteran / Servicemember Information \*

\*Answers for this section are completely optional; you may answer as many or as few as you wish. This is for reporting purposes only. Century Seals & Fin-Tec Thank You For Your Service!

Are you a Veteran or an active member of the Armed Forces?     Yes     No

In what branch did you serve, or do you currently serve? \_\_\_\_\_

What is your current rank, or the highest rank achieved? \_\_\_\_\_

Please tell us about the duties you performed and training you received, if not already included in the work experience section above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **FIN-TEC APPLICANTS ONLY**

Under Maryland Law, an employer may not require or demand, as a condition of employment, prospective employment, or continued employment, that an individual submit to or take a lie detector or similar test. An employer who violates this law is guilty of a misdemeanor and subject to a fine not exceeding \$100.

I have read and understand the above statement.

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Signature

Date