

DATE: _____

APPLICATION FOR EMPLOYMENT

Please answer the following questions as they pertain to the position for which you are applying and without indicating race, creed, color, age, sex, religion, disability, national origin or citizenship.

NAME: _____ SOC. SEC. NO. _____
(Last) (First) (M.I.)

PRESENT ADDRESS: _____ HOW LONG? _____
(Street) (City) (State) (Zip)

PHONE NUMBER: _____ ARE YOU OVER EIGHTEEN (18) YEARS OF AGE? YES ___ NO ___

IF YOU ARE NOT A U.S. CITIZEN, HAVE YOU THE LEGAL RIGHT TO REMAIN PERMANENTLY? YES ___ NO ___

IN THE EVENT OF AN EMERGENCY, CONTACT: NAME: _____

ADDRESS: _____ PHONE: _____
(Street) (City) (State) (Zip)

EMPLOYMENT DESIRED

POSITION(S) SOUGHT: (1) _____ (2) _____ (3) _____

WHAT DATE COULD YOU BEGIN WORK? _____

ARE YOU ABLE TO PERFORM THE ESSENTIAL JOB FUNCTIONS OF THE POSITIONS FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT REASONABLE ACCOMMODATIONS FROM THE COMPANY? YES ___ NO ___

HAVE YOU PREVIOUSLY WORKED FOR FAIRMONT, GULF STREAM, OR ANY OF THEIR SUBSIDIARIES? YES ___ NO ___

FROM _____ TO _____ LOCATION: _____ SUPERVISOR: _____
FROM _____ TO _____ LOCATION: _____ SUPERVISOR: _____

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR OR A FELONY? YES ___ NO ___ IF YES, EXPLAIN FULLY, INCLUDING TYPE OF OFFENSE, DATE, AND LOCATION.

TYPE: _____ DATE: _____ LOCATION: _____

WHAT WOULD YOU CONSIDER A SATISFACTORY STARTING WAGE OR SALARY? \$ _____ PER _____

PERSONAL REFERENCES

DO NOT LIST RELATIVES

1. NAME: _____ ADDRESS: _____ PHONE NUMBER: _____
2. NAME: _____ ADDRESS: _____ PHONE NUMBER: _____

I certify that the information contained in this application is correct and I agree to conform to the rules and regulations of this Company. I also agree that any misrepresentation made by me in this application is sufficient for cancellation of the application and/or separation from the Company's service if I have been employed. All facts are open to investigation and verification by the Company. I hereby authorize my former employers to give any information they may have regarding my employment with them and their company from any liability or damage whatsoever for issuing same. If employed, I understand that it is not for any specified period of time, and that either the Company or I may terminate the employment at any time, with or without notice or cause for any reason or no reason at all. The policy of this Company and the law prohibit discrimination based on race, creed, color, age, sex, religion, disability, national origin, or citizenship. I further acknowledge that only James F. Shea has the authority to enter into an employment contract on behalf of the Company for specified periods of time and contrary to the Indiana at will doctrine. It is the policy of this Company to require alcohol and drug testing as a condition for employment. If a conditional job offer has been made I hereby give my consent to the Company to require a test at any time during my employment. I hereby further give my consent to the medical facility to furnish the results of any test performed on my specimen to the above Company, and I release the medical application or received relative to it. I understand that positive results for controlled or illegal substances while employed may result in immediate dismissal. My signature below acknowledges that I have read the foregoing statement and that this consent is knowing and voluntarily given.

NAME: _____ DATE: _____

EMPLOYMENT HISTORY

PLEASE GIVE NAME AND COMPLETE ADDRESS OF THE PAST FOUR (4) JOBS OR FOR THE LAST THREE (3) YEARS
LIST MOST RECENT JOB FIRST

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____
START PAY: _____ PER: _____
END PAY: _____ PER: _____
POSITION: _____
DUTIES: _____

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____
START PAY: _____ PER: _____
END PAY: _____ PER: _____
POSITION: _____
DUTIES: _____

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____
START PAY: _____ PER: _____
END PAY: _____ PER: _____
POSITION: _____
DUTIES: _____

NAME: _____
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER: _____
SUPERVISOR: _____
REASON FOR LEAVING: _____

FROM: _____ TO: _____
START PAY: _____ PER: _____
END PAY: _____ PER: _____
POSITION: _____
DUTIES: _____

EDUCATION

NOTE: THE POSITION YOU ARE APPLYING FOR MAY NOT HAVE AN EDUCATION REQUIREMENT: **DO NOT COMPLETE THIS SECTION UNLESS THIS BOX [] HAS BEEN CHECKED BY THE EMPLOYER.**

| EDUCATION | NAME AND ADDRESS OF SCHOOL | MAJOR SUBJECT | DID YOU GRADUATE? |
|--------------------------|----------------------------|---------------|-------------------|
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| BUSINESS, TRADE OR OTHER | | | |