APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

| PERSONAL INFO | RMATION | | Date | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------|----------------------------------|----------------------------------------------|-----------------------------------------|--|
| Name | | | | | | |
| | Last First | | Middle | | | |
| Present Address | | | | | | |
| | Street | City | | State | Zip | |
| Permanent Address | | 0" | | 21.1 | 97. | |
| | Street | City | | State | Zip | |
| Phone No. | | | | | | |
| Referred | | Aug 11011 10 | years of age or | alder2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | □ No | |
| Ву | | Are you to | years or age or | older: Lifes | □ NO | |
| EMPLOYMENT D | ESIRED | | | | | |
| Position | | Date You Can Start | | Salar Desir | Salary Desired | |
| Are You Employed Now? Ye | If So May V Your Prese | Ve Contact ent Employer? | ☐ Yes ☐ No | | | |
| Ever Applied to this Company Before? Yes No | | Where? | | When? | | |
| | | | | | | |
| EDUCATION | Name and Location of School | | Circle Last Year Completed | Did You Graduate? | Subjects Studied a Degree(s) Receive | |
| High School | | | 1 2 3 4 | □ Yes □ No | | |
| College | | | 1 2 3 4 | □ Yes | | |
| rade, Graduate, Business or Correspondence School | | | 1 2 3 4 | □ Yes | | |
| GENERAL Subjects of Special Study or Res | earch Work | | | | | |
| Job Related Skills (computer, dri | ver's license certifications, etc.) | | | | | |
| | | | | | | |
| | | | | | | |
| CARLOT THE SECRETARY OF | | | | | | |

Form M660-26NR RV (1999) ©2010 Rediform

| Date Month and Year | Name and Address of Employer | Phone Number | Supervisor | Salary (upon leaving) | Position | Reason for Leavin |
|------------------------|----------------------------------------|-------------------|----------------------|--------------------------|----------|---------------------|
| From | | | | | | |
| То | | | | | | |
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| From | | | | | | |
| То | | | | | | |
| From | | | | | | |
| То | · | | | | | |
| REFERENCE | S List below three persons not related | d to you, whom yo | ou have known at lea | ast one year. | | |
| Name | | Address | | Phone Number | Position | Years Acquainted |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| | | | L | | |] |

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing by an authorized Company representative.

If I am offered employment I agree to submit to a medical examination and drug test, if required, before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, if required, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that acceptance of this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

| Date | Signature |
|------|-----------|
| Date | Signature |
| | |