

APPLICATION FOR EMPLOYMENT

REV. 08/08/18

We are an equal opportunity employer and do not unlawfully discriminate in employment. No questions on this application are used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Equal access to employment, services and programs is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the organization.

APPLIED CERAMICS, INC IS A DRUG FREE COMPANY, THIS COMPANY USES THE E-VERIFY PROGRAM AND CONDUCTS BACKGROUND CHECKS ON ALL POTENTIAL APPLICANTS.

Applicant name:	licant name:Date:					
Position(s) applied for:						
Address:						
Address: STREET	CIT	Y	STATE	ATE ZIPCODE		
Telephone #:		_				
EMAIL:						
Type of Employment desired:	Full Time	Part Time	Tem	porary		
Date you will be able to start work: Are you able to meet the attendance	requirements?			Yes No		
Do you have any objections to working overtime if necessary?				Yes No		
Can you travel if required by this position?				Yes No		
Have you ever been previously employed by our organization?				Yes No		
If yes, when? Can you submit proof of legal employment authorization and identity?				Yes No		
If you are under 18, can you furnish a work permit if it is required?				Yes No		
Have you ever been convicted of a crime in the last 7 years?				Yes No		
If yes, please explain (A conviction	will not automatical	ly bar employment)				
Driver's license number (if driving i	is an essential job du	ity)				
How were you referred to us?		· · · · · · · · · · · · · · · · · · ·				
	JOB REQUI	REMENTS		INITIAL		
Must Have Own Reliable Transpor	_					
Must Be Capable of Lifting At Leas						
You May Be Required to Wear A R		Facial Hair May Ne	eed To			
Be Removed for Proper Fit						
You May Be Required to Work Wes	ekends, Holidays an	d Overtime				

EMPLOYMENT HISTORY

Please provide all employment information from your past 4 employers, starting with the most recent.

Employer:		Position held:		
		Telephone:		
Immediate supervisor and title:				
Dates employed:	to	Salary:		
Reason for leaving:				
Employer:		Position held:		
		Telephone:		
		Salary:		
Reason for leaving:				
Employer:		Position held:		
Address:		Telephone:		
Immediate supervisor and title:				
Dates employed:	to	Salary:		
Reason for leaving:				
Employer:		Position held:		
Address:		Telephone:		
Immediate supervisor and title:				
Dates employed:	to	Salary:		
Reason for leaving:				

Other Skills and Qualifications Summarize any job-related training, skills, licenses, certificates and/or other qualifications.
Educational History
List school name and location, years completed, course of study and any degree earned.
High School:
College:
Technical Training:
Other:
References
List three references' names, phone numbers and years known. (Do not include relatives and employers):
hereby authorize Applied Ceramics, INC to contact, obtain and verify the accuracy of information contained in this oplication from all previous employers, educational institutions and references. I also hereby release from liability the pplied Ceramics, INC and its representatives for seeking, gathering and using such information to make employment ecisions and all other persons or organizations for providing such information.
understand that any misrepresentations or material omissions made on this application will be sufficient cause for ancellation of this application or immediate termination of employment, if I am employed, whenever it may be iscovered.
I am employed, I acknowledge that there is no specific length of employment and that this application does not onstitute an agreement or contract for employment. Accordingly, either the employer or I can terminate the relationship will, with or without cause, at any time, so long as there is no violation of applicable federal or state laws.
understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorizati ithin three days of being hired. Failure to submit proof within the required time shall result in immediate termination comployment.
represent and warrant that I have read and fully understand the foregoing and that I seek employment of these conditions.

Applicants signature: ______ Date: _____

APPLIED CERAMICS INC

SUBSTANCE ABUSE POLICY STATEMENT

PRE-EMPLOYMENT DRUG TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to urinalysis and/or other tests as shall be determined by Applied Ceramics Inc in the selection process of applicants for employment, for the purpose of determining the drug content thereof.

I agree that Wellbeings Occupational Healthcare or Occupational Healthworx, Advanced Drug Testing Services or any other designated collecting facility, may collect these specimens for these tests and may test them to a testing laboratory designated by the Company for analysis.

I further agree to and hereby authorize the release of the results of said test to Applied Ceramics Inc.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at Applied Ceramics Inc.

I further agree to hold harmless Applied Ceramics Inc and its agents (including the above-named physician or clinic) from any liability arising in whole or part, out of the collection of specimens, testing and use of the information from said testing in connection with the Applied Ceramics Inc. consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the forgoing and fully understand its contents. I acknowledge that my signing of this consent and release for is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:	
Print Name:	_
Signature:	Date:

DO NOT WRITE BELOW FOR COMPANY USE ONLY

Offer to be Extended?		Yes	No	No			
Notified on:	by		Telephor	ne Confi	Confirmed in Writing		
Notified on:DATE	o _{y _}	Initials					
				Other			
Job Title	V	Vage		Starting Dat	e		
		Нои	urly \$				
		Wee	ekly \$				
Full-Time RegularFull-Time		ime Temporary	C	O-OP			
Part-Time Reg	ular	Part-T	ime Temporary	S	easonal		
Hours per Week	Scheduled W	ork Days	Benefits	Full	Prorated	None	
In addition, the Candida IS AN AGILITY TE IS A RESPIRATOR WILL EMPLOYEE COMMENT or OTH	ST REQUIF REQUIREI BE EXPOS	RED? D? ED TO A HIG	GH NOISE ARE.	YES YES A? YES	NO		
Pre-hire Application F	Review		Managemen	nt Approval			
Safety Manager / HR Si	gnature	Date	Manager's S	ignature	 -	Date	