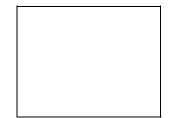
PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE





ENPAC LLC IS A DRUG FREE WORK PLACE

PLEASE COMPLETE PAGES 1-5.			DATE		
Name					
	Last	First	Middle	I	Maiden
Present address					
	Number	Street	City State	Zip	
How long		S	Social Security N	lo	
Telephone <u>(</u>)				
lf under 18, please	e list age				
		Days/hours available to work			
Position applied for	or (1)		No Pref	Thur	
and salary desired	d (2)			Fri	
(Be specific)			Tue		
			Wed	Sun	
How many hours can you work weekly?			Can you w	ork nights?	
Employment desir	red GRULL-TIME ONLY	DPART-TIM	E ONLY	GFULL- OR PART-T	ÎME
When available fo	r work?				

NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
	NAME OF SCHOOL	(Complete mailing	(Complete mailing COMPLETED

HAVE YOU EVER BEEN CONVICTED OF A CRIME?

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.

🛛 No

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE						
	APPLICA	TION FO		MENT		
DO YOU HAVE A DRIVER'S LICE	NSE? 🛛 Yes	🗆 No				
Driver's license number Chauffeur Expiration date		fissue _		Operator	Commercial ((CDL)
		EMPL	FICE OYMENT NLY			
□ Yes Typing □ No	WPM	10-key	□ Yes □ No		□ Yes □ No	WPM
Personal I Yes PC Computer I No Mac						
Please list two references other that	an relatives or previ	ous emp				
Name			Name			
Position			Position			
Company						
Address			Address			
Telephone ()			Telephone	()		
An application form sometimes ma space below to summarize any add which you are applying.						

PLEASE PRINT ALL INFORMATION REQUESTED **EXCEPT SIGNATURE APPLICATION FOR EMPLOYMENT** MILITARY HAVE YOU EVER BEEN IN THE ARMED FORCES? □ Yes □ No ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? □ Yes □ No Specialty ___ Date Entered Discharge Date Work Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary. Experience Name of employer Employment dates Name of last Pay or salary Address supervisor City, State, Zip Code From Start Phone number То Final 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 Address	Name of last supervisor	Employment dates	Pay or salary		
City, State, Zip Code Phone number		From	Start		
		То	Final		
	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.					

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APPLICATION FOR EMPLOYMENT

Work
experiencePlease list your work experience for the past five years beginning with your most recent job held.If you were self-employed, give firm name.Attach additional sheets if necessary.

Name of employer Address City, State, Zip Code Phone number	Name of last supervisor	Employment dates	Pay or salary		
		From	Start		
		То	Final		
	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 Address	Name of last supervisor	Employment dates	Pay or salary	
City, State, Zip Code Phone number		From	Start	
		То	Final	
	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?	Yes	🗖 No
Did you complete this application yourself	Yes	🛛 No
If not, who did?		

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by ______ (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 _______, 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 ______ 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 provides for preemployment 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_	Γ	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.