

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Friend
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)	Social Security Number (Voluntary)	

Best time to contact you at home is: _____:_____ ^{AM}/_{PM}

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

..... If Yes, give date _____

Have you ever been employed with us before?..... Yes No

If Yes, give date _____

Do any of your friends or relatives, other than spouse, work here? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
Proof of citizenship or immigration status will be required upon employment. Yes No

Date available for work ___/___/___ What is your desired salary range? _____

Are you available to work: Full-Time (please indicate 1 2 3 shift)

Part-Time (please indicate Mornings Afternoon Evenings)

Temporary (please indicate dates available ___/___/___ - ___/___/___)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

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EDUCATION

	Name and Address of School	Course of Study	Number of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal	Spreadsheet	Production/Mobile Machinery (list)	Other (list)
<input type="checkbox"/> PC/MAC	<input type="checkbox"/> Word Processing	_____	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> Shorthand	_____	_____
WPM _____	WPM _____	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Can you perform the essential functions of the job, for which you are applying, either with or without a reasonable accommodation? YES NO

REFERENCES

1.	_____ (_____) _____	Phone #
	(Name)	

	(Address)	
2.	_____ (_____) _____	Phone #
	(Name)	

	(Address)	
3.	_____ (_____) _____	Phone #
	(Name)	

	(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

This Application For Employment is sold for general use throughout the United States. Amsterdam Printing assumes no responsibility for the use of said form or any questions which, when asked by the employer of the job applicant, may violate State and/or Federal Law.



This form must be signed, dated, witnessed, and remain with Employment Application.

Employee Acknowledgement/Receipt

I have read, acknowledge and understand the following Introductory Employment Requirements/Procedures:

INTRODUCTORY PERIOD

The introductory period is defined as the initial continuous ninety (90) days of active employment during which both Diamond Fiberglass and a newly hired employee are given an opportunity to evaluate the employment relationship. The introductory period will be used to verify skills and capabilities of the new employee and suitability to his or her particular position.

~~During this time period, the employee's performance and attendance will be closely evaluated~~ by his or her supervisor to determine the employee's potential for continued employment.

An employee who satisfactorily completes the introductory period will be notified if he or she will be retained.

During the introductory period, the employee may voluntarily terminate employment at any time and the company reserves the right to terminate an employee at any time with or without advance notice, and with or without cause, in the complete and absolute discretion of Diamond Fiberglass. Return of all safety equipment and other company property (e.g., *Handbook for Employees*) is required.

The successful completion of the introductory period should not be considered as a guarantee of future employment with Diamond Fiberglass. Employees are evaluated on a continuing basis throughout their employment with Diamond Fiberglass.

EMPLOYMENT FEES:

To cover the cost of the physical and drug screening, \$140.00 is deducted from the employees FIRST paycheck.

If employment is ended by the employee prior to the 90 day probationary period being completed for any reason, the one-time payroll deduction of \$140.00 for the Pre-Employment Physical and Drug Screen will be non-refundable. If the employee does not return the Employee Handbook and JJ Keller Safety Handbook, an additional \$15.00 will be deducted from the final paycheck.

Effective January 7, 2014

Employee's Name (Print) _____

Employee's Signature _____

Date Signed _____

Authorized Witness/Interviewer _____

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CONFIDENTIAL

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____

The information contained in this application is correct to the best of my knowledge. I hereby authorize Diamond Fiberglass and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Diamond Fiberglass or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Diamond Fiberglass, the Social Security Administration, and its agents, officials, representative, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: _____ **Date:** _____



Main Policy Items

- 1. 5 absences in first calendar year before disciplinary action**
- 2. 3 tardies in first calendar year before disciplinary action**
- 3. Reporting to work under the influence of drugs/alcohol requires immediate termination**
- 4. Hours are 6AM-6PM M-W, 6AM-4PM Thurs., 6AM-3PM Fri.**
- 5. Lunch is from 12:00-12:30, unpaid, Breaks are 15 minutes long**
- 6. Employees are evaluated by performance, attendance, and attitude/behavior**
- 7. One week vacation starts to accrue after 90 days evaluation period**
- 8. 401K is offered after 6 months of employment**
- 9. Quarterly bonus opportunities are available**



Minimum Employee Expectations

1. Be on time and ready to work
2. Be prepared to stay late to finish a task
3. Be helpful and respectful to all employees at Diamond
4. Clean up after yourself
5. Provide a safe work environment
6. Pay attention to detail
7. Over-communicate
8. Don't bring personal issues to work
9. Punch into jobs at all times
10. No cell phones
11. Provide quality workmanship
12. Work as a TEAM and be a team player

Are you willing to commit the above requirements?