

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

P E R S O N A L	Last Name	First	Middle	Date
	Street Address			Home Telephone
	City, State Zip			_()
	Have you ever applied for employment with us?			Business Telephone
	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			_()
	Position Desired			Social Security Number
	Apart from absence for religious observance, are you available for full-time work?			Pay Expected
	<input type="checkbox"/> Yes <input type="checkbox"/> No If not, what hours can you work? _____			Will you work overtime if asked?
	Are you legally eligible for employment in the United States?			<input type="checkbox"/> Yes <input type="checkbox"/> No
	Other special training or skills (languages, machine operation, etc.)			When will you be available to begin work?

School	Name and Location of School	Course of Study	No of Years Completed	Did You Graduate?	Degree or Diploma
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E D U C A T I O N	Graduate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	College	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Business/Trade/ Technical	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	High School	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Elementary	<input type="checkbox"/> Yes	<input type="checkbox"/> No

EMPLOYMENT

Please give accurate, complete full-time and part-time employment records. Start with your present or most recent employer.

1 Company Name _____ Telephone _____
Address _____ (_____) _____
Employed - (State month and year) _____
Name of Supervisor _____ From: _____ To: _____
Weekly Pay: _____
State Job Title and Describe Your Work _____ Start: _____ Last: _____
Reason For Leaving: _____

2 Company Name _____ Telephone _____
Address _____ (_____) _____
Employed - (State month and year) _____
Name of Supervisor _____ From: _____ To: _____
Weekly Pay: _____
State Job Title and Describe Your Work _____ Start: _____ Last: _____
Reason For Leaving: _____

3 Company Name _____ Telephone _____
Address _____ (_____) _____
Employed - (State month and year) _____
Name of Supervisor _____ From: _____ To: _____
Weekly Pay: _____
State Job Title and Describe Your Work _____ Start: _____ Last: _____
Reason For Leaving: _____

4 Company Name _____ Telephone _____
Address _____ (_____) _____
Employed - (State month and year) _____
Name of Supervisor _____ From: _____ To: _____
Weekly Pay: _____
State Job Title and Describe Your Work _____ Start: _____ Last: _____
Reason For Leaving: _____

We may contact the employers listed above unless you indicate those you do not want us to contact.

DO NOT CONTACT

Employer Number(s) _____ Reason _____

MILITARY

Did you serve in the U.S. Armed Forces? Yes No

If "Yes", in what Branch? _____

Describe any training received relevant to the position for which you are applying.

Membership in Professional or Civic Organizations
(Exclude those which may disclose your race, color, religion or national origin)

DO NOT ANSWER ANY QUESTION IN THIS SECTION UNLESS THE BOX IS CHECKED

If the employer has checked the box next to the question, the information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination based on age, citizenship and disability. The laws of most States also prohibit some or all of the above types of discrimination as well as some additional types such as discrimination based upon ancestry, marital status and sexual preference.

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|--|---|---|
| <input type="checkbox"/> Are you a U.S. Citizen?
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Are you over 18 years of age?
<input type="checkbox"/> Yes <input type="checkbox"/> No | If not, employment is subject to verification of age. |
| <input type="checkbox"/> What was your previous address?

_____ | <input type="checkbox"/> How long at previous address?
_____ Years | <input type="checkbox"/> How long at present address?
_____ Years |
| <input type="checkbox"/> Did you learn of this position through the newspaper?
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> If "Yes", which paper?
_____ | <input type="checkbox"/> Referred by:
_____ |
| <input type="checkbox"/> Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe in full:

_____ | | |
| <input type="checkbox"/> State names of relatives and friends working for us, other than your spouse:

_____ | | |
| <input type="checkbox"/> Do you have a valid Ohio driver's license?
<input type="checkbox"/> Yes <input type="checkbox"/> No

Drivers License No: _____

State: _____ | <input type="checkbox"/> Do you have any lifting limitations?
<input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> If "Yes", describe limits:

_____ |
| <input type="checkbox"/> Do you have any active Bureau of Worker's Compensation claims? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", describe:

_____ | | |

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by **Dublin Building Systems, Inc.** (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 **Dublin Building Systems**, 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 **Dublin Building Systems** 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 as a final candidate for hiring by the Company I will receive a conditional offer for employment based in part upon my consent and submission to a drug test; that this drug test will be performed on a specimen of urine or blood which I give voluntarily; and that for accuracy, if the initial test is positive the test will be confirmed through a second more comprehensive test (GC/MS).

I understand that as a result of refusing to take a pre-employment drug test or if there is a positive result on such a test, I will not qualify for employment with the Company and any offer extended or employment already begun will be withdrawn. I further understand that any employment offer extended to me is subject to the Company's final review and approval of my application and hiring even if I have a negative result on my pre-employment drug test. This testing policy also does not modify the employment at will status between myself and the company.

I understand that to receive the results of my pre-employment drug test, I must submit a written and signed request to the Company. The test results will be made available to me within sixty days from the Company's receipt of the request.

I also understand that to promote safety and health of its workforce and as a condition of employment, the Company requires employees to comply with the Company's Substance –Free Workplace Policy, which includes consenting to drug and alcohol testing. Further, that as an employee I may be subject to testing as it is required by the contractor of any project that the company serves as a subcontractor.

My signature verifies that I have reviewed and understand the pre-employment drug testing policy of the Company. Further, I agree to submit a pre-employment drug test and to allow the release of the test results to the Company.

I understand that, in connection with the routine processing of my employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit history (FCRA compliant), criminal history, workers compensation claims (post employment offering), employment verification, education verification, driving records, character, general reputation, personal characteristics, and mode of living. I understand that the results of these record checks will be released only to the Company and/or individual sponsoring this information search for the purpose of pre-employment. 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 _____ Date: _____

Date of Birth ____/____/____ (for background screening purposes only!)

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 Dublin Building Systems.

