

J.W. Hunt OTC, Inc.

1900 Sand Beach Rd. * Bad Axe, MI 48413 * 989-269-8809 * FAX 989-269-8819

AN EQUAL OPPORTUNITY EMPLOYER

NON-DRIVING APPLICATION FOR AT WILL EMPLOYMENT

ALL INFORMATION MUST BE PRINTED CLEARLY

Applicant Name _____ Date _____

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability, or any other protected group status.

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make such investigations and inquiries of my personal, employment, financial, criminal or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

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 J.W. Hunt OTC, Inc.

I understand that I have the right to:

- * Review information provided by previous employers;
- * Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
- * Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

Signature _____ Date _____

FOR COMPANY USE ONLY

PROCESS RECORD

Applicant Hired _____ Rejected _____

Date Employed _____ Point Employed _____

Position _____ Classification _____

Signature of Interviewing Officer _____

TERMINATION OF EMPLOYMENT

Date Terminated _____ Position Released From _____

Dismissed _____ Voluntarily Quit _____ Other _____

Termination report Placed in file _____ Supervisor _____

TO BE COMPLETED BY APPLICANT

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Name _____ Social Security# _____
LAST FIRST MIDDLE

Position Applied for _____

List your addresses of residency for the past 3 years.

Current Address: _____
STREET CITY
STATE ZIP CODE Phone _____ How long? _____
EMAIL ADDRESS

Previous Addresses _____ How long? _____
STREET CITY STATE & ZIP
_____ How long? _____
STREET CITY STATE & ZIP
_____ How long? _____
STREET CITY STATE & ZIP

Do you have a legal right to work in the United States? _____ Can you provide proof of age? _____

Have you been referred by a current employee? _____ If YES, who? _____

Are you now employed? _____ If not, how long since leaving last employment? _____

Have you worked for this company before? _____ If Yes, what position _____

Dates: From ____/____/____ To ____/____/____ Rate of Pay _____

Reason for leaving _____

Have you ever been convicted of a felony? _____

If yes, please explain fully on a separate sheet of paper. Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.

Is there any reason you might be unable to perform the functions of the job for which you have applied? _____

If yes, explain _____

EXPERIENCE AND QUALIFICATIONS – GENERAL

LIST COURSES AND TRAINING OTHER THAN SHOWN ELSEWHERE IN THIS APPLICATION

LIST SPECIAL EQUIPMENT OR TECHNICAL MATERIAL YOU CAN WORK WITH

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EMPLOYMENT HISTORY

All applicants the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| Name | FROM MO. | YR. | TO MO. | YR. |
| Address | | | Position | |
| City | State | Zip | | |
| Contact Person | | | Reason for leaving | |
| | | | Phone# | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| Name | FROM MO. | YR. | TO MO. | YR. |
| Address | | | Position | |
| City | State | Zip | | |
| Contact Person | | | Reason for leaving | |
| | | | Phone# | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| Name | FROM MO. | YR. | TO MO. | YR. |
| Address | | | Position | |
| City | State | Zip | | |
| Contact Person | | | Reason for leaving | |
| | | | Phone# | |

| EMPLOYER | | | DATE | |
|----------------|-------------|-----|--------------------|-----|
| Name | FROM MO. | YR. | TO MO. | YR. |
| Address | | | Position | |
| City | State | Zip | | |
| Contact Person | | | Reason for leaving | |
| | | | Phone# | |

PLEASE PROVIDE A COMPLETE AND SEPARATE LIST OF 3 PERSONAL REFERANCES

EDUCATION

CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 HIGH SCHOOL: 1 2 3 4 COLLEGE: 1 2 3 4 HIGHER__

LAST SCHOOL ATTENDED _____
NAME CITY/STATE

TO BE READ AND SIGNED BY APPLICANT

This certifies that this at will employment application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

SIGNATURE: _____ DATE: _____