

ITEN INDUSTRIES, INC.

P.O. Box 2150
Ashtabula, OH 44005-2150

QUALITY - Understanding and achieving my customers' expectations in everything I do.

Application For Employment

Date _____

NOTE: This application form was designed for use by persons applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

Iten Industries, Inc. is an Equal Opportunity Employer. All candidates will be evaluated on the basis of their qualifications for the job in question. Federal and/or state law prohibits discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other protected status. Please advise us if any accommodations are required to assist you in the application.

(PLEASE PRINT)

Name _____
(Last) (First) (Middle)

Street _____

City _____ State _____ Zip _____

Telephone: (Check which is preferred)

Home: _____ Office: _____

Position Desired _____ Full Time / Part-Time / Other (Circle One)

Date Available _____ Salary / Compensation Desired _____

Referral Source: Employment Agency Newspaper Ad Walk-In Applicant
 School / College Employee Referral Other _____

Have you ever applied for a position with us? Yes No If yes, when? _____

Have you ever been employed by us? Yes No If yes, when? _____

Do you have any relatives or close friends working here? Yes No If yes, state identity and relationship _____

EDUCATIONAL DATA

School	Print Name, No. & Street, City, State and Zip Code for each School Listing	No. of Yrs. Completed	Degree	Major Course of Study
High School	_____			

School	Print Name, No. & Street, City, State and Zip Code for each School Listing	No. of Yrs. Completed	Degree	Major Course of Study
College				
Graduate School				
Trade, Bus., Night, or Corres.				
Other				

EMPLOYMENT HISTORY

In the following spaces give a complete record of your employment including periods of unemployment, if any. Begin with your most recent employment and work back. If additional space is needed, attach a supplementary sheet.

1

Employer	Employed From _____ Mo./Yr. _____ To _____ Mo./Yr. _____	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for Leaving		

2

Employer	Employed From _____ Mo./Yr. _____ To _____ Mo./Yr. _____	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for Leaving		

3

Employer	Employed From _____ Mo./Yr. _____ To _____ Mo./Yr. _____	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for Leaving		

4

Employer	Employed From _____ Mo./Yr. _____ To _____ Mo./Yr. _____	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for Leaving		

5

Employer	Employed From _____ Mo./Yr. _____ To _____ Mo./Yr. _____	Starting Position
Address		Last Position
Telephone		Other Positions Held
Starting Salary	Final Salary	Immediate Supervisor
Duties		
Reason for Leaving		

ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT HISTORY

(In responding to these inquiries, continue on a separate sheet if you require additional space.)

1. May we contact your present employer? Yes No Previous Employers? Yes No
Please identify any exceptions and reasons for not contacting: _____
2. In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you have previously used? Yes No If yes, identify name(s) and relevant dates _____
3. Have you ever been dismissed or forced to resign from any employment? Yes No If yes, please explain. _____
4. Except for vacations and holidays, how many work days were you absent during the past calendar year?
 0 - 5 days 10 - 15 days 15 - 20 days 21 + days
 During the prior year?
 0 - 5 days 10 - 15 days 15 - 20 days 21 + days
 Comments: _____

MILITARY EXPERIENCE

Have you ever served in the U.S. Armed Forces? Yes No

Describe any special job-related training received _____

OTHER SPECIAL SKILLS

Describe any other special job-related skills or qualifications (e.g., foreign languages, computers, professional associations, etc.) that would support your application _____

EXPERIENCE SUMMARY (for clerical and administrative functions only).

- Typing/Data Entry (wpm _____) Multi-Line Telephone Fax Machine Mail Room Filing
- Computer Skills: Access Excel Outlook Powerpoint Word Other _____

GENERAL INFORMATION

1. If employment is offered, can you submit a birth certificate, social security card, certificate of U.S. citizenship or verification of your legal right to work in the U.S.? Yes No
2. If employment is offered, can you produce personal identification such as a U.S. passport, a driver's license or photographic identification card issued by the state? Yes No
3. Are you under 18 years of age? Yes No Under 21? Yes No
4. Have you ever been convicted of a felony? Yes No
(An affirmative response will not automatically disqualify you from being considered as a candidate for employment.) If yes, please explain _____
5. If you are applying for a position involving evening or weekend work, can you fulfill such scheduling requirements?
 Yes No Not Applicable
6. Are you willing to work overtime as requested? Yes No Not Applicable

REFERENCES

Name	Address	Telephone No.

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that any falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at any later date.

I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information.

Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising Iten Industries, Inc.: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; and (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

I hereby agree to submit to any lawful drug, polygraph or integrity testing that may be required as a condition of employment or continued employment and understand that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

I understand that my employment is terminable-at-will, that I am not being employed for any specific time, and that this application is not and is not intended to be a contract for continued employment. I further understand that no officer, employee, or agent has the authority to change the at-will nature of the employment relationship except by a fully executed written contract of employment for a specific term.

I understand that according to federal law all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and U. S. citizen status or, if aliens, their legal authorization to work in the U. S. As a consequence, I understand that any offer of employment would be contingent on my ability to produce the required documentation within the time period required by law.

Signature of Applicant

Date



VOLUNTARY SELF-IDENTIFICATION

Iten Industries is an Equal Opportunity Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

The information requested below is used by Iten Industries only to maintain records required of employers doing business with the federal government. **YOU DO NOT HAVE TO ANSWER THESE QUESTIONS TO BE CONSIDERED FOR EMPLOYMENT WITH ITEN.** If you do choose to answer these questions, any information supplied by you on this voluntary self-identification form will be kept in strict confidence within the Human Resource department and will not affect your employment opportunities with Iten. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Name: _____ Date: _____

Job Applied For: _____

Referral Source: _____

Race/Ethnicity

- Hispanic or Latino
- White
- Black or African American
- Asian
- Native Hawaiian or Other Pacific Islander
- American Indian or Alaska Native
- Two or More Races
- I do not wish to disclose this information.

Gender:

- Male Female
- I do not wish to disclose this information

Veteran Status:

- Yes No
- I do not wish to disclose this information.

Signature: _____ Date: _____