

EMPLOYMENT APPLICATION
ENERGY MANUFACTURING COMPANY, INC.
 204 PLASTIC LANE MONTICELLO IOWA 52310-9472 319-465-3537

Date: _____

IMPORTANT NOTICE: This is a very significant document. You should be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in you not being considered for the position or in your termination if inaccurate or omitted information is discovered after your employment has begun.

PERSONAL INFORMATION

Name	Last	First	Middle	Social Security No.
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Is any additional information relative to change of name, use of an assumed name, or nickname necessary to enable a check on your work and education record? Yes _____ No _____ If yes please explain:

Present Address: Street or Apartment#	CITY	STATE	Zip Code	Phone Number ()
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Are You 18 years or older? Yes _____ No _____	Can you provide proof of Authorization to work in the USA? Yes _____ No _____	Drivers License No.	State	Exp.Date
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EMPLOYMENT DESIRED

Position	Date you can Start	Salary Desired
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ARE YOU AVAILABLE TO WORK Full Time _____ Part Time _____ Temp _____	Are you employed now? Yes _____ No _____	If Yes may we contact your present employer? Yes _____ No _____
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Have you ever applied to ENERGY? Yes _____ No _____	Where:	When:
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Have You ever worked for ENERGY? Yes _____ No _____	Where:	When:
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Was Termination Voluntary _____ Involuntary _____	Name of the Last Supervisor at ENERGY
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Exact Reason(s) for Leaving _____

REFERRAL SOURCE

_____ WALK - IN	_____ GOVERNMENT EMPLOYMENT AGENCY	_____ SCHOOL
_____ EMPLOYEE	_____ RELATIVE	_____ OTHER
_____ ADVERTISEMENT	_____ PRIVATE EMPLOYMENT AGENCY	

NAME OF REFERRAL SOURCE (IF APPLICABLE) _____

ARE YOU RELATED TO ANYONE CURRENTLY EMPLOYED BY ENERGY MANUFACTURING? _____ YES _____ NO

IF YES, NAME	RELATIONSHIP
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REFERENCES

GIVE NAMES AND TITLES OF TWO PROFESSIONAL REFERENCES, NOT RELATED TO YOU, WHO HAVE KNOWN YOU FOR AT LEAST ONE YEAR

NAME	TITLE	ADDRESS	PHONE	YEARS ASSC.
1				
2				

3

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FORMER EMPLOYERS:

PLEASE LIST IN ORDER, STARTING WITH YOUR MOST RECENT EMPLOYER BACK 10 YEARS. USE ADDITIONAL PAPER IF NEEDED.

PRESENT OR LAST EMPLOYERS NAME			EMPLOYMENT DATES	
			START	END
ADDRESS			MONTH/YR	MONTH/YR
JOB TITLE			STARTING SALARY	
			Per Hour	
IMMEDIATE SUPERVISOR'S NAME AND TITLE	MAY WE CONTACT YOUR CURRENT IMMEDIATE SUPERVISOR? <input type="checkbox"/> Yes <input type="checkbox"/> No	PHONE NUMBER	FINAL SALARY	
DESCRIPTION OF WORK			Per Hour	
TERMINATION	EXACT REASONS FOR LEAVING:			
<input type="checkbox"/> VOLUNTARY				
<input type="checkbox"/> INVOLUNTARY				
FORMER EMPLOYER'S NAME			EMPLOYMENT DATES	
			START	END
ADDRESS			MONTH/YR	MONTH/YR
JOB TITLE			STARTING SALARY	
			Per Hour	
IMMEDIATE SUPERVISORS NAME AND TITLE			FINAL SALARY	
DESCRIPTION OF WORK			Per Hour	
TERMINATION	EXACT REASONS FOR LEAVING:			
<input type="checkbox"/> VOLUNTARY				
<input type="checkbox"/> INVOLUNTARY				
FORMER EMPLOYER'S NAME			EMPLOYMENT DATES	
			START	END
ADDRESS			MONTH/YR	MONTH/YR
JOB TITLE			STARTING SALARY	
			Per Hour	
IMMEDIATE SUPERVISORS NAME AND TITLE			FINAL SALARY	
DESCRIPTION OF WORK			Per Hour	
TERMINATION	EXACT REASONS FOR LEAVING:			
<input type="checkbox"/> VOLUNTARY				
<input type="checkbox"/> INVOLUNTARY				
FORMER EMPLOYER'S NAME			EMPLOYMENT DATES	
			START	END
ADDRESS			MONTH/YR	MONTH/YR
JOB TITLE			STARTING SALARY	
			Per Hour	
IMMEDIATE SUPERVISORS NAME AND TITLE			FINAL SALARY	
DESCRIPTION OF WORK			Per Hour	
TERMINATION	EXACT REASONS FOR LEAVING:			
<input type="checkbox"/> VOLUNTARY				
<input type="checkbox"/> INVOLUNTARY				
FORMER EMPLOYER'S NAME			EMPLOYMENT DATES	
			START	END
ADDRESS			MONTH/YR	MONTH/YR
JOB TITLE			STARTING SALARY	
			Per Hour	
IMMEDIATE SUPERVISORS NAME AND TITLE			FINAL SALARY	
DESCRIPTION OF WORK			Per Hour	
TERMINATION	EXACT REASONS FOR LEAVING:			
<input type="checkbox"/> VOLUNTARY				
<input type="checkbox"/> INVOLUNTARY				

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UNEMPLOYMENT HISTORY

PLEASE ACCOUNT FOR ANY TIME YOU WERE NOT EMPLOYED IN THE LAST TEN (10) YEARS OR SINCE LEAVING SCHOOL (YOU NEED NOT LIST ANY UNEMPLOYMENT PERIODS OF ONE MONTH OR LESS).

TIME PERIOD	REASON(S) UNEMPLOYED

EDUCATION

SCHOOL LEVEL	SCHOOL NAME & LOCATION	Certificate or Degree	No. Years Attended	Did You Graduate?	Major/Minor Studied
HIGH SCHOOL(S)					
COLLEGE(S)					
OTHER(S)					
(i.e. Business or Correspondence School)					

MISCELLANEOUS

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL TRAINING OR CERTIFICATION

SPECIAL SKILLS

DO YOU HAVE ANY COMMITMENTS TO ANOTHER ENTITY, BUSINESS, OR PERSON THAT MIGHT AFFECT YOUR EMPLOYMENT WITH OUR COMPANY EXPLAIN FULLY:

PUBLICATIONS

PROFESSIONAL MEMBERSHIPS/ASSOCIATIONS: (Please list job-related organizations, clubs, professional societies, or other associations to which you belong---you may omit those which may indicate your race, creed, color, disability, marital status, national origin, ancestry, sex, or age.

SERVICE RECORD

U. S. ARMED FORCES BRANCH SERVED IN:	DATES OF SERVICE Month/Year _____ TO _____	RANK AT DISCHARGE:
WAS THE SEPARATION FROM MILITARY SERVICE FOR ANY REASON OTHER THAN AN HONORABLE DISCHARGE? _____ Yes _____ No		DATE OBLIGATION ENDS
ARE YOU PRESENTLY A MEMBER OF THE NATIONAL GUARD OR RESERVES? _____ Yes _____ No IF YES WHICH BRANCH		

**AUTHORIZATION
AND
AGREEMENT**
ENERGY MANUFACTURING COMPANY, INC.

IMPORTANT: PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

"I authorize the investigation of all statements contained in this Application (and accompanying resume, if any) and further authorize any person, school, current employer (except as expressly noted), past employer(s), and organizations named in this Application (and accompanying resume, if any) to provide the Company with records, information, and opinions that may be useful in making a hiring decision. I release all informants from liability for any damage that may result from furnishing information and opinion (which is truthful or made in good faith).

I give permission for a pre-employment drug/alcohol screening exam and, if the Company makes a conditional job offer, I give permission for a complete employment physical and mental examination. I also consent to the appropriate release of any and all medical information, as may be deemed necessary. " _____ **Your Initials**

"I understand that the Company may be requesting a consumer and/or investigative report ("Report") from a consumer reporting agency concerning my Social Security Number, motor vehicle operation history, criminal history, or other information to the extent permitted by law from various local, state, and federal agencies, private and insurance sources, and other available public records. I understand that the Report may also include information as to my character, general reputation, personal characteristics. Mode of living, work habits, performance and experience, along with reasons for termination of past employment from previous employers. I voluntarily and knowingly authorize the release of all information requested by the Agency for the purpose of preparing the Report. I further understand that any Employment Application with the Company will not be complete until I have completed any additional paperwork required by the Agency for the purpose of preparing a Report. By placing a check in the following area _____. I am requesting that I be furnished with a copy of the Credit Report, provided Energy Mfg. has requested a copy of my Consumer Credit Report. I understand that I have the right to request that the Agency provide a complete and accurate disclosure of the nature and scope of the investigations requested, along with information in my investigative file during normal business hours upon reasonable notice to the Agency." _____ **Your Initials**

"I agree to immediately notify the Company if I should be convicted of any crime while my job application is pending or during my period of employment, if hired." _____ **Your Initials**

"I understand that, if hired, I may not hold other employment, nor engage in other activities that create conflict of interest with my position in the Company unless given permission in writing by the Company." _____ **Your Initials**

"I declare under penalty of perjury that the facts contained in this application or resume or other documentation submitted are true and complete to the best of my knowledge. I understand that any false information or significant omissions will disqualify me from further consideration for employment, and will be justification for my dismissal from employment, if discovered at a later date." _____ **Your Initials**

AGREEMENT FOR AT-WILL EMPLOYMENT

"If I become employed, in consideration of my employment, I agree that my employment will be **AT-WILL**, and may be terminated with or without cause, and with or without notice, at any time, at the option of myself or the Company. Only the President of the Company has the authority to enter into an employment agreement for a specified period of time or for termination only for cause, and an such agreement must be in writing. I understand and acknowledge that this constitutes the entire agreement between me and the Company regarding the term of my employment and supersedes any other oral or written agreement." _____ **Your Initials**

COMPLIANCE WITH RULES

"If I become employed, in consideration of my employment, I agree to comply with the rules, regulations, policies, and procedures of the Company." _____ **Your Initials**

Signature

Date