



APPLICATION FOR EMPLOYMENT

Atco Rubber Products, Inc.

As required by law, Atco does not discriminate in hiring or employment on the basis of race, color, religion, national origin, handicap or disability, sex, age or other legally protected characteristic.

Although this application may be given consideration, its receipt does not imply that there are open positions or that the applicant will be employed. Atco reserves its right to withdraw any offer of employment at any time; similarly, the applicant has the right to withdraw this application at any time. If you wish to submit a resume, you may attach it to this application but, in addition, you must complete this application and answer all questions, even those which relate to information on your resume.

This application will be considered active for a period of 30 days from the application date. Please be sure that all of your answers on this application are complete, correct, and truthful. Even if you are employed, you should understand that any false or misleading statement or any omission of relevant information may result in your discharge. Please answer every question. You will not be considered as a candidate for a job with us until we have received this application fully completed and signed by you.

(PLEASE PRINT)

Date of Application _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
NUMBER / STREET CITY STATE ZIP CODE

TELEPHONE (_____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

EMAIL ADDRESS (PRINT CLEARLY) _____

EMPLOYMENT REQUEST

Date available for work: _____

Position(s) applying for: _____

Are you available to work: Full-Time Part-Time Shift 1 Shift 2 Shift 3 Temporary

Are you available to work overtime? Yes No Are you available to work Saturdays? Yes No

If available for part-time work, indicate days and hours available: _____

Have you been employed with Atco before? Yes – Location _____ No

How did you hear about our opening?

Current Atco employee – Provide Name _____

Social Media Advertisement Government Agency Other _____

Can you travel if required? Yes No

PERSONAL INFORMATION

Are you a relative of or married to any present Atco employee? Yes No

If yes, provide the name _____

Have you ever been convicted of a felony? Yes No

If yes, when, where and what was the disposition of the case? (Conviction may not necessarily bar you from employment.) _____

Describe any specialized training, apprenticeship, skills and extracurricular activities. List professional, trade, business or civic activities and any offices held. *(You may exclude memberships that would reveal sex, race, religion, national origin, age, ancestry, handicap or disability, or other protected status.)*

EDUCATION

SCHOOL / INSTITUTION		CITY, STATE		HIGHEST GRADE COMPLETED	DID YOU GRADUATE?
HIGH SCHOOL					
GED					
SCHOOL / INSTITUTION		CITY, STATE	DATES ATTENDED	DEGREE RECEIVED	MAJOR
VOCATIONAL/ TECHNICAL			TO		
COLLEGE/ UNIVERSITY			TO		
COLLEGE/ UNIVERSITY			TO		

Honors Received: State any additional information you believe may be helpful to us in considering your application.

Special Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experience.

EMPLOYMENT EXPERIENCE

Start with your present or most recent job. Include military service assignments and volunteer activities. You may exclude organization names that indicate race, color, religion, gender, national origin, handicap or disability, or other protected status.

Please explain any periods of unemployment:

EMPLOYER				DATES OF EMPLOYMENT			
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR	
NAME & TITLE OF IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE NUMBER		TO	MONTH	YEAR
TITLE OF POSITION		STARTING RATE / SALARY	ENDING RATE / SALARY		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		
DESCRIPTION OF WORK/SKILLS							
REASON FOR LEAVING							
EMPLOYER				DATES OF EMPLOYMENT			
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR	
NAME & TITLE OF IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE NUMBER		TO	MONTH	YEAR
TITLE OF POSITION		STARTING RATE / SALARY	ENDING RATE / SALARY		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		
DESCRIPTION OF WORK/SKILLS							
REASON FOR LEAVING							
EMPLOYER				DATES OF EMPLOYMENT			
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR	
NAME & TITLE OF IMMEDIATE SUPERVISOR			EMPLOYER'S PHONE NUMBER		TO	MONTH	YEAR
TITLE OF POSITION		STARTING RATE / SALARY	ENDING RATE / SALARY		<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME		
DESCRIPTION OF WORK/SKILLS							
REASON FOR LEAVING							

EOE/M/F/D/V/SO

EMPLOYER				DATES OF EMPLOYMENT		
ADDRESS	CITY	STATE	ZIP CODE	FROM	MONTH	YEAR
NAME & TITLE OF IMMEDIATE SUPERVISOR	EMPLOYER'S PHONE NUMBER			TO	MONTH	YEAR
TITLE OF POSITION	STARTING RATE / SALARY	ENDING RATE / SALARY			<input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	
DESCRIPTION OF WORK/SKILLS						
REASON FOR LEAVING						

TERMS OF EMPLOYMENT

PLEASE READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT.

I represent that the above statements are true and that I have withheld nothing which, if disclosed, would affect this application unfavorably. I understand that if Atco at any time should determine that any of the requested information was withheld by me or any of the statements furnished above was false or misleading I may be discharged.

In the event of my employment, I will comply with all rules, regulations, policies, and communications directed to employees. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to Atco; I agree that Atco also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning. I understand that no one in Atco, other than the President, acting with the approval of the Board of Directors, has any authority to offer employment other than on this at-will basis and any such agreement must be done in writing.

I agree to submit to physical examinations before and during my employment by a health care professional, at the lawful request and expense of Atco and I agree to disclose completely all information requested at such examinations about my physical condition and medical history. I also agree that before and during my employment, at the request and expense of Atco, I will cooperate in such medical tests (including blood, urine, or other testing) as Atco requests to check for drugs or alcohol in my system, or for any physical condition. I understand that if I suffer any injuries or another employee is injured in an accident in which I am involved, or there is a "near miss" which could have resulted in an accident, arising out of and during the course of my employment, I may be required to submit to an immediate physical examination, including testing for drugs or alcohol. I waive, release and promise not to make any claims against Atco (or any testing agency retained by it, or their employees, owners, and agents) relating to any such testing, or from decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that the contents of any lockers, desks or other Atco property I may be using, and of any of my own property I bring onto Atco's premises (including without limitation automobiles, packages, briefcases, and purses) may be inspected by Atco at any time, and I waive and promise not to make any claims against Atco (or its employees or agents) relating to such inspection.

I agree that, except as directed otherwise in writing by Atco, I will not disclose to anyone or use for my own purposes, any of Atco's confidential or proprietary information, either during or after my employment. I understand and agree that customer names and information are confidential and proprietary information and I will not make written or other copies of or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to Atco all material of any kind that I have relating to its business, including any such copies or notes. I also agree that all discoveries, inventions, improvements, and the like which I may invent, discover, or conceive, and which relate in

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any way to the business of Atco, shall be the sole and exclusive property of Atco, and I will assign any rights to same to Atco.

I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible.

I agree to the above terms of employment if I am employed by Atco. Should I be employed, I understand and agree that these provisions of my employment can be revised only in writing and signed by the President of Atco, and that no other person in Atco has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of Atco are subject to exceptions or change at any time as decided by it in its sole discretion.

I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and the Terms of Employment, and I have knowingly and voluntarily signed these Terms of Employment.

Applicant's Signature _____ Date _____

AUTHORIZATION AND WAIVER

I authorize all previous employers and educational institutions to disclose to ATCO RUBBER PRODUCTS, INC., any and all information in their possession about my employment history, including disciplinary and other matters and my academic record. I authorize ATCO to retrieve credit and police reports about me and I authorize all law enforcement agencies and credit reporting services to disclose to ATCO any and all information in their possession concerning me. I hereby waive written or other notice from prior employers, police and law enforcement agencies, credit reporting services, and educational institutions of their release of any information to ATCO. I further release such former employers, police and law enforcement agencies, credit reporting services, and educational institutions, and their employees and agents, from any liability or claim relating to their release of information.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

Applicant's Signature _____ Social Security Number ____ / ____ / ____ Date _____
