

APPLICATION FOR EMPLOYMENT

DATE: _____ Are you age 18 or older? Yes _____ No _____

FIRST NAME

MIDDLE NAME

LAST NAME

Present Address: _____
Street City State Zip

Telephone Number: _____ Other Number: _____

INSTRUCTIONS TO ALL APPLICANTS

The careful, truthful, and thoughtful completion of this application is an important step in our consideration of individuals for employment. Therefore, you must complete the entire application. If you do not, you will not be considered for employment. Your application must also specify the position you are applying for, stating that you will do "anything" is too indefinite and will result in your application not being accepted by the company.

Your application will go into our inactive file one year from the date of application. In order for you to keep your application current, it will be necessary for you to inform our Human Resources department in writing, prior to the expiration date of the one year period, that you wish to remain on the company's active applicant list. If, at the end of the one year period, we have not received written notice from you, your name will be taken off of the active applicant list and you will not be considered for employment when a vacancy occurs. Should you contact the company after the one year period has expired, you will be treated as a new applicant.

The application provides information, which enables us to determine whether an applicant has the interests, background and experience to be given additional consideration for employment. In most cases, circumstance will prevent a preliminary interview, therefore, the conscientious completion of this form is necessary as it will supply much of the information normally covered in such a session.

We are an equal opportunity employer which means that we afford equal employment opportunity regardless of a person's age, race, religion, color, national origin, sex, marital status, height, weight, qualifying disability, genetics, veteran status, or any other characteristic protected by law.

Position applied for: _____
(use specific title, if known)

Regular: Full-Time Part-Time Temporary: Full-Time Part-Time Shifts Available: 1st 2nd 3rd

Are you presently employed: Yes No Full-Time Part-Time

Date available: _____ Salary expected: _____

Have you previously submitted an application to this company? Yes No

If so, for what position: _____

FORMER EMPLOYERS

List below past employers, starting with the most recent one first. (If more room is necessary, use space at end of application).

1) Name and Address: _____

Position: _____ Supervisor: _____

Dates: From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason(s) for leaving: _____

FORMER EMPLOYERS, CON'T

2) Name and Address: _____

Position: _____ Supervisor: _____

Dates: From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason(s) for leaving: _____

3) Name and Address: _____

Position: _____ Supervisor: _____

Dates: From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason(s) for leaving: _____

4) Name and Address: _____

Position: _____ Supervisor: _____

Dates: From: _____ To: _____ Starting Salary: _____ Ending Salary: _____

Description of Duties: _____

Reason(s) for leaving: _____

If applicable, please explain why you were unemployed for a period in excess of one month from the time you commenced your most recent job and the present:

OFFICE EXPERIENCE

Complete for any experience with the following:

EQUIPMENT	MONTHS USED	EQUIPMENT	MONTHS USED
_____ Computer	_____	_____ Scanner	_____
_____ Switchboard	_____	_____ Copy Machine	_____
_____ Facsimile	_____	_____ Microsoft Office	_____
_____ Other — Specify	_____	_____ Calculator	_____
_____	_____	_____ Chempax	_____

Other special office skills: _____

Supervisory Experience: Yes No If yes, in what capacity? _____

SALES POSITION EXPERIENCE

Complete for any experience with sales position:

Sales experience: Yes No If yes, please state the name of the employer(s), the type of industry, your sales function and the number of months employed: _____

Other relevant sales experience: _____

DRIVING EXPERIENCE

Complete for any driving experience:

DRIVER LICENSE:	STATE	LICENSE	TYPE	EXPIRATION DATE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been denied a license, permit or privilege to operate a motor vehicle: Yes No

Has any license, permit or privilege ever been suspended or revoked: Yes No
If either of the above questions were answered yes, attach statement giving details.

DRIVING EXPERIENCE:

Straight truck Type of equipment (van, tank, flat, etc.) _____

DATES: From: _____ To: _____ Approximate number of miles (total) _____

Tractor and semi-trailer Type of equipment (tank, flat, etc.) _____

DATES: From: _____ To: _____ Approximate number of miles (total) _____

Hi-lo experience & training Type of equipment (sit-down, stand-up, etc.) _____

DATES: From: _____ To: _____ Approximate number of miles (total) _____

Type of equipment (van, tank, flat, etc.) _____

DATES: From: _____ To: _____ Approximate number of miles (total) _____

List states operated in for last five years: _____

Show special courses or training that will help you as a driver: _____

Which safe driving awards do you hold and from whom? _____

Accident record for past 3 years (*attach sheet if more space is needed*). Give dates, nature of accident (head-on, rear-end, upset, etc) fatalities and injuries.

Last accident: _____

Next previous: _____

Next previous: _____

Traffic convictions and forfeitures for the past 3 years (*other than parking violations*). List location, date, charge and penalty.

INDUSTRIAL EXPERIENCE

Complete for any industrial experience:

AREA	MONTHS	DESCRIPTION
_____ Equipment Operator	_____	_____
_____ Welding Experience	_____	_____
_____ Mechanical	_____	_____
_____ Electrical	_____	_____
_____ Other—Please Specify	_____	_____

EDUCATION

List below for any high school, college, graduate school attended and other formal education received:

NAME	ADDRESS	NUMBER OF YEARS COMPLETED	DEGREE	GPA	MAJOR
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

List below any LEAN experience you may have or any other education or experience which may be relevant to the position:

GENERAL INFORMATION

Are you familiar with the essential requirements of the job for which you are applying for: Yes No

Are you able to perform the essential requirements of the job with or without reasonable accommodation: Yes No

Have you ever been convicted of a crime? Yes No

Are there any felony charges pending against you? Yes No

PERSONAL REFERENCES

NAME	ADDRESS	OCCUPATION	YEARS ACQUAINTED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPLICANT STATEMENT

(You Must Date and Sign This Applicant Statement To Be Considered For Employment)

AFFIRMATION. I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree the any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION. I authorize the Company to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss with them my employment/education history with them. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

EXAMINATIONS. Should I receive a conditional offer of employment, I agree to submit to any a physical, medical and/or psychological examination. I further authorize any physician, counselor or other provider conducting such examinations to release to and discuss with the Company the results of such examinations.

ACCOMMODATIONS. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask the Company for a reasonable accommodation. Under Michigan law, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

DRUG ALCOHOL TESTS. I give my consent for the Company, through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol or illegal drugs. I authorize the testing service to release to and discuss with the Company the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in the Company's judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with the Company's alcohol and substance abuse policy is a condition of my employment.

AT-WILL EMPLOYMENT. I understand that if hired my employment with the Company will be on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either the Company or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person other than the President of the Company has the authority to offer employment for any specified period or to make any contract to the foregoing. Moreover, no such agreement by the President will be enforceable unless it is in writing, pertains specifically to me, and is signed by the President.

RELEASE. I release the Company, my current and former employers, the educational institutions I have attended, the physicians/counselors/providers who examine me, the drug/alcohol testing service, and each of their staffs and employees from any and all liability associated with the disclosure and discussion of any informations, records or other documents that pertain to me.

CRIMINAL/CREDIT HISTORY. In addition, depending on the position for which I am applying, I understand that the Company may request a criminal and/or credit history pertaining to me. If such a check will be performed by an outside service, I understand that I will be provided with additional notices, authorizations and information about that process and my rights.

WAIVER OF LIMITATIONS PERIODS. In exchange for the Company considering my applications for employment, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within 270 days of the event giving rise to the claim and/or lawsuit. I understand that the applicable statutes of limitations may be longer than 270. However, I agree to be bound by this shorter, 270 day period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

DATE

APPLICANT SIGNATURE