

WASHBURN & COMPANY EMPLOYMENT APPLICATION

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, national origin, handicap, disability, or status as a Vietnam-era or disabled veteran. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

NOTE: This application form was designed for use by persons applying for various types of positions. Please read this entire application before you answer any questions. 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. The application will remain active for a period of 30 days. Those applicants not employed within the 30-day period will need to reapply.

(PLEASE PRINT)

Date of Application _____

Name: _____
Last
First
MI

Address: _____
Street
City
State
Zip

Telephone: (Check Which One Preferred) Home (_____) _____
 Business (_____) _____

Position Desired _____ (Check One) Part-Time
 Full-Time
Date Available _____ Other

Referral Source: Employment Agency Walk-in Applicant Newspaper Ad
 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 a relative working here? Yes No If "Yes", state identity and relationship _____

Are you currently employed? Yes 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 omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a 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 or corporations requesting or supplying such information. I understand that in the event I am offered employment with the Company (or any of its subsidiaries), that I may be required, as a condition of employment, to submit to a physical/health examination. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

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.

IMPORTANT. I UNDERSTAND THAT IF I AM EMPLOYED, MY EMPLOYMENT WILL BE TERMINABLE-AT-WILL, MEANING THAT I CAN BE TERMINATED AT ANY TIME AND FOR ANY REASON OR NO REASON, WITH OR WITHOUT CAUSE. I UNDERSTAND THAT I WILL NOT BE EMPLOYED FOR ANY SPECIFIED TIME, AND THAT THIS APPLICATION IS NOT AND IS NOT INTENDED TO BE A CONTRACT.

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:

Application Taken By:

(For Office Use Only)

Date:

EDUCATIONAL DATA

SCHOOL	Print Name, Number & Street, City, State & Zip For Each School Listing	Number of Years Completed	Degree	Major Course of Study
High School	_____			
College	_____			
Graduate School	_____			
Trade, Business, Night or Correspondence	_____			
Other	_____			

PREVIOUS EMPLOYMENT

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, please continue on a separate sheet.

MOST RECENT EMPLOYER

Date <i>Month and Year</i> From _____ To _____	Print Name, Number & Street, City, State & Zip _____ _____	Salary _____	Last Title/Position _____
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Immediate Supervisor's Name	Telephone Number	Other Positions Held
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Duties:

Reason for Leaving:

MOST RECENT EMPLOYER

Date <i>Month and Year</i> From _____ To _____	Print Name, Number & Street, City, State & Zip _____ _____	Salary _____	Last Title/Position _____
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Immediate Supervisor's Name	Telephone Number	Other Positions Held
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Duties:

Reason for Leaving:

Date <i>Month and Year</i>	Print Name, Number & Street, City, State & Zip	Salary	Last Title/Position
From _____	_____	_____	_____
To _____	_____		
Immediate Supervisor's Name	Telephone Number	Other Positions Held	

Duties:

Reason for Leaving:

ADDITIONAL INQUIRIES CONCERNING PREVIOUS EMPLOYMENT

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

- May we contact your present employer? Yes No Previous employers? Yes No
If you answered "No" to the above, please identify any exceptions and reasons for not contacting. _____
- Have you ever been dismissed or forced or asked to resign from any employment? Yes No
If you answered "Yes" to the above, please explain. _____

MILITARY EXPERIENCE

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

If you answered "Yes" to the above, please describe any special job-related training received. _____

OTHER SPECIAL SKILLS

Are there other experiences, skill, or qualifications you feel would especially support your application for employment with the Company?

REFERENCES

List three (3) individuals. DO NOT include relatives or former employers.

Name	Occupation	Address	Phone Number	How Long Known
_____	_____	_____	() _____	_____
_____	_____	_____	() _____	_____
_____	_____	_____	() _____	_____

GENERAL INFORMATION

1. Are you over 18 years of age? Yes No
2. 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 you answered "Yes" to the above, please explain. _____

3. Are you willing to work overtime as requested? Yes No
4. Can you perform the essential functions of this position with or without a reasonable accommodation? Yes No