



920 Illinois Ave.
Maumee, OH 43537

Employment Application

An Equal Opportunity Employer

APPLICANTS WILL BE TESTED FOR ILLEGAL DRUGS

PLEASE PRINT ALL
INFORMATION
REQUESTED EXCEPT SIGNATURE

DATE _____

Personal Information

Name _____

Address _____
Last First MI Maiden

How Long _____ Social Security No. _____ City _____ State _____
E-mail address _____

Telephone () _____ Cell Phone () _____

Position(s) applying for _____ Desired Salary _____

When will you be available to begin working? _____

Please place shifts in the order you prefer Days _____ Afternoons _____ Midnights _____

If offered a position, would you be able to provide proof of your identity as well as your legal right to work in the US?
 Yes No

Have you ever applied for the Company before? Yes No
If yes, when (month/year) _____

Do you have a valid driver's license? Yes No Driver's license # _____ State of Issue _____

Are you over 18 years old? Yes No

Have you ever been convicted of a felony? Yes No
If yes, please provide details including dates. An affirmative response will not be an automatic exclusion from employment.

If hired, are you willing to submit to and pass a controlled substance test? Yes No

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? Yes No

Applicant Name _____

Employment History

Most recent employer _____ May we contact? Yes No
Dates of employment _____ Position Title _____
Business address: _____
Name of supervisor _____ Title _____ Phone # _____
Reason for leaving _____
Duties: _____

Previous employer _____ May we contact? Yes No
Dates of employment _____ Position Title _____
Business address: _____
Name of supervisor _____ Title _____ Phone # _____
Reason for leaving _____
Duties: _____

Previous employer _____ May we contact? Yes No
Dates of employment _____ Position Title _____
Business address: _____
Name of supervisor _____ Title _____ Phone # _____
Reason for leaving _____
Duties: _____

Education

Please list names of schools, cities and states for each

College/University _____ Graduated? Yes No
City/State _____ Degree _____
Major _____ Minor _____ Honors _____

Trade School _____ Graduated? Yes No
City/State _____ Degree _____
Major _____ Minor _____ Honors _____

Applicant Name _____

| | |
|------------------------|--|
| High School Name _____ | Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Obtained GED? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| City/State _____ | Number of years completed _____ |

References

Please list names, business addresses and phone numbers of people who are familiar with your work experience and technical competence in the field in which you are applying, and persons we may contact for checking work references and for academic records.

| | |
|-------------------------|--------------------|
| Reference #1 Name _____ | Company _____ |
| Position _____ | Phone Number _____ |
| Reference #2 Name _____ | Company _____ |
| Position _____ | Phone Number _____ |
| Reference #3 Name _____ | Company _____ |
| Position _____ | Phone Number _____ |

The following questions are being asked in order to obtain information relevant to employment with Enersol. Responses to these questions are required.

1. Summary of Qualifications – In the area below, briefly describe the experience, training and other factors that qualify you for the position for which you are applying. If you need additional space, attach an extra sheet to this application.

2. Please list below any specific course work at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area.

3. How did you learn about this employment opportunity?

| | |
|-------------------------------|---------------------|
| _____ Careerbuilder.com | _____ Walk-in |
| _____ Other internet site | _____ Word of mouth |
| _____ Newspaper advertisement | _____ Other |

WAIVERS AND DISCLOSURES

Please read each section carefully and sign where indicated

AT-WILL EMPLOYMENT

It is my understanding that this employment application or the granting of an interview does not represent a contract of employment or a promise of future benefits by this organization. I understand and agree that if hired, my employment will be at-will in nature and may be terminated with or without cause at any time, by either myself or my employer. I also understand that this written statement supersedes any and all oral representations made by agents or representatives of this organization.

CERTIFICATION OF TRUTH AND ACCURACY

I certify that the information in this application is true, complete and correct. I understand that false answers, statements, or significant omissions made by me on this form shall be sufficient cause for denial of employment or discharge.

NOTIFICATION AND AUTHORIZATION TO REQUIRE A MEDICAL EXAMINATION

I hereby certify that if hired, I will disclose any limitations I have that may impact my ability to do the job. I understand that I may also be required to undergo a pre-employment or post-employment medical exam by the Company's designated health practitioner.

NOTIFICATION AND AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

I understand that I will be subject to a background check, and hereby authorize Enersol or its representative to investigate my background to determine any and all information of concern as to my record whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that Enersol may ask me to provide supplemental information to assist with the background investigation if such information cannot be verified through the standard investigation process.

Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and future reports and updates that may be required.

I understand that Enersol may ask me to provide supplemental information to assist with the investigation if such information cannot be verified through the standard investigation process.

I understand that passing the background check is a condition of employment. A negative background check can be grounds for dismissal, even if an offer has been made to me and I have been hired. Additionally, I understand that passing a drug screen is a condition of employment. A positive drug screen can be grounds for dismissal even if an offer has been made to me and I have been hired.

PLEASE SIGN HERE _____ DATE _____

Please read this carefully before signing.

I understand that EnerSol requires certain information about me to evaluate my qualification for employment and to conduct its business if I become an employee. Therefore, I authorize EnerSol to investigate my past employment, criminal background, educational credentials and other employment-related activities. I agree to cooperate in such investigations, and release those parties supplying such information to EnerSol from all liability or responsibility with respect to information supplied.

I understand that my employment with EnerSol would not be for any fixed period of time and that, if employed, I may resign at any time for any reason or EnerSol may terminate my employment at any time for any reason, with or without cause.

I understand that EnerSol may ask me to provide supplemental information to assist with the background investigation if such information can not be verified through the standard background investigation process.

I understand that any false answers made by me on this application or any supplement thereto or in connection with the above-mentioned investigations will be sufficient grounds for immediate discharge, if I am employed.

Applicant's Signature

Date

This application will remain in EnerSol active file for 6 months.