



APPLICATION FOR EMPLOYMENT
With
ATCO RUBBER PRODUCTS, INC.

An Equal Employment Opportunity Employer

Please Read Before Filling Out This Application

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 today's 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.***

PRINT YOUR NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD

TODAY'S DATE _____

 (First) (Middle) (Last)

Current Address _____
 (Number) (Street)

 Apt. or other

 (City) (State) (Zip Code)

 (Social Security Number)

(_____) _____
 Area Code (Telephone Number-Residence)

(_____) _____
 Area Code (Daytime Telephone Number
 if different from above)

(_____) _____
 Area Code (Emergency Telephone Number
 if different from above) and name of
 person to contact _____

EMPLOYMENT REQUEST		Date available for work: _____	
Specific position(s) for which you are applying: (1) _____ (2) _____			
What shift(s) are you available to work? ___ 1st ___ 2nd ___ 3rd ___ Any			
Are you available for full-time work? ___ yes ___ no. If you cannot work full-time but would be available for part-time work, please circle the days of the week and list the hours you would be available:			
DAYS:	MON	TUES	WED THURS FRI SAT SUN
HOURS:	_____	_____	_____
Have you applied for employment or worked at any Atco facility previously? ___ yes ___ no.			
Who referred you to us? _____			
Do you have any commitments or responsibilities (for example, family members, car pooling, school, other employment) which might keep you from working overtime? ___ yes ___ no. Are you available to work on Saturday? ___ yes ___ no.			
How much time have you lost from work or school during each of the past two calendar years FOR ANY REASON?			
_____	_____	_____	_____
(Year)	(No. of Days)	(Year)	(No. of Days)

PERSONAL INFORMATION

Are you 18 years of age or older? _____ yes _____ no

Are you a relative of or married to any present Atco employee? ___no. If yes, who? _____

REFERENCES: List name, address, and telephone number for three personal references. Do not include former employers:

1. _____

2. _____

3. _____

EDUCATION

	Name of School	City and State	Course or Major		
Elementary School			X X X X X	Highest Grade Completed: _____	
High Schools			X X X X X	Last Grade Completed (Circle): 9 10 11 12	X X X X X
			X X X X X	Last Grade Completed (Circle): 9 10 11 12	X X X X X
College				Number Years Completed (Circle): 1 2 3 4	Degree
Graduate Studies				Number Years Completed (Circle): 1 2 3 4	Degree
Other— Give Type				Number Years Completed (Circle): 1 2 3 4	Degree

Vocational or technical courses studied: _____

Business or secretarial courses studied: _____

List any special skills, knowledge, certification, or experience which you feel may be relevant to the job(s) you are seeking: _____

Complete only if Applicable: List any types of computer software and equipment, and other office equipment you can operate proficiently: _____

Are you enrolled in any school or taking any courses? _____ no _____ yes _____ Day School _____ Night School

EMPLOYMENT RECORD [Do Not State "See Resume." Please complete your employment history even if a resume is submitted.]

Starting with PRESENT or MOST RECENT, list all previous employers. List only employers located within the United States. Include self-employment, summer, and part-time jobs. Account for periods of unemployment by listing "unemployed" under EMPLOYER and stating beginning and ending dates of unemployment.

EMPLOYER (Present or most recent)	DATE STARTED	PAY AT START	REASON FOR LEAVING
STREET CITY STATE	DATE LEFT	PAY AT LEAVING	
SUPERVISOR DEPT. TELEPHONE			

YOUR JOB AND RESPONSIBILITIES

EMPLOYER	DATE STARTED	PAY AT START	REASON FOR LEAVING
STREET CITY STATE	DATE LEFT	PAY AT LEAVING	
SUPERVISOR DEPT. TELEPHONE			

YOUR JOB AND RESPONSIBILITIES

EMPLOYER	DATE STARTED	PAY AT START	REASON FOR LEAVING
STREET CITY STATE	DATE LEFT	PAY AT LEAVING	
SUPERVISOR DEPT. TELEPHONE			

YOUR JOB AND RESPONSIBILITIES

EMPLOYER	DATE STARTED	PAY AT START	REASON FOR LEAVING
STREET CITY STATE	DATE LEFT	PAY AT LEAVING	
SUPERVISOR DEPT. TELEPHONE			

YOUR JOB AND RESPONSIBILITIES

If you are now employed, why do you want to change your job? _____

If you are now employed, may we contact your present employer? _____ yes _____ no. If yes, please list best time to call, name, position, and telephone number of person to contact:

(Name) (Position) (Telephone Number)

Have you ever been fired, dismissed, asked to resign, resigned by mutual agreement, or otherwise been terminated from any job? _____ If yes, what job and why? _____

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 other 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 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 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.

Date _____ Applicant -- Sign Here _____

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 obtain 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 _____

(Applicant-Do not write below this line)

Signature _____ Date _____
Interviewer