

# WOOSTER ELASTOMERS

1205 E Bowman Street  
Wooster, OH 44691

## APPLICATION FOR EMPLOYMENT

<u>LAST NAME:</u>	<u>FIRST NAME:</u>	<u>MIDDLE NAME:</u>	<u>BIRTHDATE:</u>	
CURRENT ADDRESS NUMBER & STREET	COUNTY	CITY	STATE	ZIP CODE
If less than 5 years at current address, list (3) previous addresses				
<u>1)</u>				
<u>2)</u>				
<u>3)</u>				
<u>HOME PHONE:</u> NO <input type="checkbox"/>	<u>Message or Work Phone:</u>		Are you 18 or older? YES <input type="checkbox"/>	

If hired, can you furnish proof that you are eligible to work in the United States? NO <input type="checkbox"/>	YES <input type="checkbox"/>
If NO, please explain	
Are you currently taking any medications which would prevent you from safely operating machinery? NO <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, please explain:	
Do you have any injuries or physical conditions which prevent you from safely operating machinery? NO <input type="checkbox"/>	YES <input type="checkbox"/>
HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR/FELONY? NO <input type="checkbox"/>	YES <input type="checkbox"/>
If YES, please explain:	

### **READ CAREFULLY AND SIGN BELOW**

I hereby certify that all questions are correctly answered and I authorize the company to contact my former employers, references and all other sources they see fit in order to verify facts and information furnished with regard to my character and qualifications. I further understand that the completion of this form does not assure me a position with this company or obligate the company in any way. I further understand that any misleading or incorrect statements may render this application void and if I am employed, they would be cause for immediate discharge. I understand, that if employed my employment is "at will". It is for no definite period of time and may be ended by my employer or myself at any time, with or without reason. I recognize that I may be told or learn of information which is confidential and proprietary to my employer, prospective employer, or its affiliates. I hereby agree, in consideration of my employment or any consideration my application for employment may receive, to hold in confidence any information about my employer, prospective employer or its affiliate, or technical information or know-how or any other

information I may acquire as a result of my negotiating with or my employment by this employer. I understand that this company wants a drug-free workplace and tests **all** applicants and may randomly test employees for drug use. I understand as a condition of my employment that I will be required to submit to and pas a Drug Abuse Screening Test sometime before or after my 90 day probationary period. I understand that if the results of the test are positive, I will be denied the employment by Wooster Elastomers, LLC., and if positive tests are obtained after I have performed services for Wooster Elastomers LLC., I understand that I will paid for those services performed to date but will not be employed by Wooster Elastomers, LLC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_