

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin.

PERSONAL INFORMATION

Date _____ Social Security # _____

Name

 Last First Middle

Present Address

 Street City State Zip

Permanent Address

 Street City State Zip

Phone Number

Referred By:

Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED

Position

Date you can start

Salary Desired

Are you Employed now? Yes No

If so may we inquire of your Present Employer? Yes No

Ever applied to this company before? Yes No

Where? _____ When? _____

EDUCATION

Name and Location of School

Circle Last Year Completed

Did you Graduate?

Subjects Studied and Degree(s) received

Grammar School	_____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Trade Business or Correspondence School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

GENERAL

Subjects of Special Study or Research work

Job Related Skills (typing, driver's license, etc.)

Activities Other Than Religious (Civic, Athletic, etc.) EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE SEX, COLOR OR NATIONAL ORIGIN OF ITS MEMBERS

FORMER EMPLOYERS List below your last four employers, starting with the last one first

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From:				
To:				
From:				
To:				
From:				
To:				
From:				
To:				

REFERENCES List below three persons not related to you, whom you have known at least one year.

NAME	ADDRESS	POSITION	YEAR ACQUAINTED

"It is unlawful to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability."

If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either my self or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriated by the Company and as permitted by law. I consent to such examination and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company’s Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part, at any time.

Date: _____

Signature: _____

Federal Drivers Privacy Protection Act Authorization to Obtain Motor Vehicle Records

Name of Applicant

Address (Number and Street)

City

State

Zip Code

Former Address (Number and Street)

City

State

Zip Code

Date of Birth

SSN#

License No.

For the sole purpose of the determination and evaluation of my motor vehicle operating records and pursuant to the State and Federal regulations of compliance, I, (_____) authorize The Fred
A. Nudd Corporation and its Insurance Companies or Prospective Insurer to obtain my Motor Vehicle Record.

Print Name

I understand that this record may contain personal information* in addition to any/all drivers violations and/or accidents, which may be on record through the Department of Motor Vehicles of the state of issuance for my drivers license.

(Signature of Applicant/Employee)

Date

***Personal "information" means information that identifies and Individual, including an individual's photograph, social security number, driver identification number, name, address (but not the 5-digit Zip code), telephone number, and medical or disability information, but does not include information or vehicular accidents, driving violations and driver status.**

REQUESTED BY

FRED A. NUDD CORPORATION
1743 ROUTE 104, BOX 577
ONTARIO, NY 14519

Signature: _____

Print Name: _____

Title: _____