

THIS APPLICATION WILL NOT BE CONSIDERED
UNLESS FULLY COMPLETED.

Application For Employment

FOR OFFICE USE ONLY

Locations	Positions
SC Facility	

The term "Company" used in this application refers to the company to which this application is submitted and or any company which offers employment to the applicant.

TO APPLICANT: We deeply appreciate your interest in our Company and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

This company does not discriminate in hiring or employment on the basis of race, color, religion, creed, national origin, sex, marital status, veteran status, disability, ancestry, age, or any other prohibited basis of discrimination as provided under applicable state or federal law. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Please answer every question, use **INK**, and **PRINT** in this section.

(FIRST) (MIDDLE) (LAST) (DATE)

(List any other names used, including maiden name.) _____

Address _____
(NUMBER) (STREET) () -
(TELEPHONE NUMBER)

(CITY) (STATE) (ZIP) (SOCIAL SECURITY NUMBER)

Email Address _____

Type of work desired _____ Location: South Carolina Salary Requirements _____

If management position desired, are you willing to relocate? Yes ☐ No ☐

If 'yes', any exceptions. - please list

Do you prefer: Full-time ☐ Part-time ☐ Temporary ☐ If Part-time, state days and hours _____

Shift Preferred: Day _____ Evening _____ Night _____

How were you referred to us? _____

Are you at least 18 years of age? Yes ☐ No ☐ Are you legally eligible for employment in U.S.? Yes ☐ No ☐

If hired, you will be required to submit documents sufficient to establish employment authorization and identity in compliance with the Immigration Reform and Control Act of 1986. While you need not provide this proof of citizenship or immigration status at the time you are interviewed, please be prepared to assure us that you can do so immediately upon being hired.

Have you ever worked here or at any Orscheln affiliated company? If yes, give company, address, and approximate date.

Yes ☐ No ☐

Company _____ Address _____ Date _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

	Name and Occupation	Address	Phone Number
1.	_____	_____	() - _____
2.	_____	_____	() - _____

Have you ever been convicted of or plead guilty to a crime? (Excluding misdemeanor traffic violations) Yes ☐ No ☐

If yes, please explain (include crime, date, & location) _____

Conviction of a crime will not automatically disqualify you from employment.

NOTE: South Carolina applicants are not required to disclose charges disposed of pursuant to the applicant's successful completion of a pretrial intervention ("PTI") program pursuant to S. C. Code § 17-22-110.

EMPLOYMENT EXPERIENCE

MUST COMPLETE THIS SECTION

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address (Street) (City) (State)				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				
If you are currently employed, may we contact your present employer? Yes [] No []				

2.

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address (Street) (City) (State)				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

3.

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address (Street) (City) (State)				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

4.

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address (Street) (City) (State)				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

5.

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address (Street) (City) (State)				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

6.

Employer		Dates Employed		WORK PERFORMED
		From	To	
Address (Street) (City) (State)				
Telephone Number (s)		Hourly Rates/Salary		
		Starting	Final	
Job Title	Supervisor			
Reason for Leaving				

EDUCATION NAME	Major Course or Subject	Circle Last Yr. Completed	Degree
High School		1 2 3 4	
Technical/Business Training		1 2 3 4	
College		1 2 3 4	
Graduate Work or Other:		1 2 3 4	

Relatives Working for Company:

Name	Relationship	Where they work
1. _____	_____	_____
2. _____	_____	_____

Please list skills, experience, and training you feel qualify you for the job you desire:

OFFICE/CLERICAL

Typing: Yes [] No [] WPM _____

Office machines you can operate: _____

Software Programs: Word Processing Yes [] No [] Please List: _____

Spread Sheets Yes [] No [] Please List: _____

Others _____

PRODUCTION/WAREHOUSE/TECHNICAL

Machines you can operate: _____

RETAIL CLERK OR SALES: _____

OTHER: _____

Please state any additional information you feel may be helpful to us in considering your application. _____

PLEASE READ THIS STATE CAREFULLY BEFORE YOU SIGN.

AGREEMENTS COVERING CONFIDENTIALITY AND ASSIGNMENT OF RIGHTS TO PATENTS, INVENTIONS AND TRADE SECRETS

Should I be employed by the Company and in part consideration for any such employment by the Company, I, and my heirs and representatives, will promptly disclose to executive officers of the Company and to no one else, and hereby assign, transfer and set over to the Company, its successors, its affiliates and assigns (collectively referred to herein as "Assignees"), without further compensation, my entire worldwide right, title and interest in and to, all "Inventions" which I, either solely or jointly with others, conceive, make, acquire, or suggest during the course of my employment and for a period of two (2) years after termination of my employment. "Inventions" shall include discoveries, improvements and ideas (whether or not shown or described in writing or reduced to practice), mask works (topography or semiconductor chips) and works of authorship, whether or not patentable, copyrightable or registerable, (1) which relate directly to the business of any Assignee, or (2) which relate to any Assignee's actual or demonstrably anticipated research or development, or (3) which result from any work performed by me for any Assignee, or (4) for which any equipment, supplies, facility or Trade Secret or Confidential Information of an Assignee is used, or (5) which is developed on Company time; however, specifically excludes any Invention for which no equipment, supplies, facility or proprietary information of any Assignee was used and which was developed entirely on my own time, and (1) which does not relate (a) directly to the business of any Assignee or (b) to an Assignee's actual or demonstrably anticipated research or development, or (2) which does not result from any work performed by me for Company or any other Assignee. "Trade Secret" shall mean those secrets protected by the Uniform Trade Secret Act and otherwise protected by the state of Company's location or state of organization. "Confidential Information" shall mean non-public proprietary information of Company or which Company is obligated to maintain confidential that I receive as a result of my employment. I will promptly execute any and all instruments and documents necessary to transfer any such Inventions to the Company and all proper papers necessary in applying for, obtaining, maintaining and enforcing such United States and non-US patents thereon as the Company may at any time desire. I also agree not to use or disclose at any time to any person, without the written approval of an executive official of the Company, any confidential or proprietary information including without limitation concerning Company's or any other Assignee's business or technical information, Trade Secrets, inventions, processes or methods. I agree that this agreement and the obligations of this statement shall continue beyond the term of my employment for a period of five (5) years and, in connection with Trade Secrets, the obligation shall continue until the foregoing become known to the public without violation of this Agreement. Except as identified below, I am not under any obligation to any entity that is inconsistent with my accepting this agreement. This agreement contains the entire agreement between Company and me about this matter and may only be changed by a written amendment signed by an officer of the Company.

(Signature of Applicant) (Date)

Existing/Ongoing Obligations, if any (if none, please leave blank)

Nature of Obligation(s) _____

Applicant Data Record

Print Name _____

FIRST

MIDDLE

LAST

SOCIAL SECURITY NO. _____

DATE _____

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, creed, sex, national origin, ancestry, age, marital or veteran status, disability or any other legally protected status.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

AFFIRMATIVE ACTION SURVEY

Government agencies require periodic reports on the sex, ethnic, handicapped, disability and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap or disability is voluntary.

Check one: ☐ Male ☐ Female

Check one of the following:

Race/Ethnic Group:

☐ White ☐ Black or African American ☐ Hispanic or Latino ☐ American Indian or Alaskan Native
☐ Asian ☐ Native Hawaiian or other Pacific Islander ☐ Two or More Races

Check if any of the following are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran Dates in service _____
☐ Disabled Individual

Special Employment Notice to Disabled Veterans, Vietnam Era Veterans, and Individuals with Physical or Mental Handicaps or Disabilities:

Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped or disabled individuals.

If you are a disabled veteran, or have a physical or mental handicap or disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.

If you wish to be identified, please sign below.

☐ Handicapped or disabled individual ☐ Disabled Veteran ☐ Vietnam Era Veteran

Signed _____

PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU SIGN THIS APPLICATION

STATEMENT & AUTHORITY TO RELEASE INFORMATION

No representative of the Company other than the president shall have authority to enter into any agreement for employment for a specified period, or any agreement concerning terms or condition of employment. Furthermore, I understand and agree any such agreement entered into by the president will not be enforceable unless it is in writing.

In the event of my employment by this Company, I will comply with all Company rules and regulations. Additionally, I authorize the Company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency or other party.

I understand that if I am employed, any misrepresentation or omission of material facts on this application is sufficient cause for dismissal. My continued employment will depend upon the successful performance of work assigned to me during a new hire period of up to 3 months and upon the continued successful performance and the further need of my continued employment by the Company.

The Company, in considering my application for employment, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, and law enforcement agencies to supply any information concerning my background.

Provided state law permits, I further agree to submit to alcohol and/or drug screening tests, where and whenever legal, if requested of me at any time prior to or during my employment.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that false, or misleading information given on this application, or in any interview(s) with the Company, will result in termination.

I understand that this application is good for only 3 months from today's date. If I still desire a position with the Company after this application expires, it is my responsibility to renew the application by filling out a new application and filing it with the Company. Otherwise, the Company will not consider me for employment after this application expires.

(Signature of Applicant)

(Date)

FOR HUMAN RESOURCE USE ONLY (To be completed AFTER applicant hired.)

Emp. No. _____ Date Emp. _____ Birth Date _____ SS# _____

Marital Status _____ Male _____ Female _____ Maiden Name _____

Full Time _____ Part Time _____ Salaried _____ Hourly Rate _____ Company _____

Dept./Store _____ Shift _____ Job Title _____ Class/Grade _____

Supervisor's Name _____ New hire on web (Date) _____

In case of accident or other emergency, who is the first person we should contact?

Name _____ Relationship _____ Telephone _____
(Home) (Business)

Address _____
(Number) (Street) (City) (State) (Place of Work) (City) (State)

Comments: _____

I-9 Completed ____ ADA: Yes ____ No ____ Citizen: Yes ____ No ____ Veteran: Yes ____ No ____ Years Served ____ to ____

DO NOT WRITE IN THIS SPACE