Blynco Mfg & Dist, Inc. **APPLICATION FOR EMPLOYMENT**

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age (if 40 years or older), marital or veteran status, sexual orientation or disability.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Please read the entire form before you begin filling it out and answer all questions, indicating "None" where applicable. Answers should be typed, printed, or carefully written in ink so that they are clear and readable. Resumes will not be accepted in lieu of any information required on this form. This application must be completed in its entirety before any offer of employment may be considered.

Position(s) Applied For		Date of Application		
ow Did You Learn About Us? Advertisement Friend	Walk-In Emp	ployment Agency	Relative	Other
ast Name First Name	Middle Name	Soc	cial Security N	umber
ddress Number Street	City	Sta	te	Zip Code
elephone Number ()	How Long at Preser	nt Address/	(years/	months)
revious Address	E-Mai	E-Mail Address (if applicable)		
ave you ever filed an application with us before?		Yes	No	
If yes, date given				
ave you ever been employed with us before?		Yes	No	
If yes, give date				
o we currently employ a member of your family or house	sehold?	Yes	No	
If yes, give name				
re you currently employed?		Yes	_ No	
lay we contact your present employer?		Yes	_ No	
re you prevented from lawfully becoming employed in a nmigration status, or work authorization will be required		_	Status? (Proof No	_
n what date would you be available for work?				
re you available to work: Full Time Part Time _	Temp			
re you able to travel?		Yes	_ No	
re you currently on "lay-off" status and subject to recall	?	Yes	No	
ave you ever been convicted of a criminal offense (othe fense? (Answering "yes" will not necessarily disqualify an applican		ions), or are you aw Yes	-	
<u>Criminal Offense</u> includes felonies, misdemeanors, summary <u>Conviction</u> is an adjudication of guilt and includes determinated				
If yes, please explain				

APPLICATION FOR EMPLOYMENT

EDUCATIO	ON:				
Middle Scho	ol Name:				
Location:		Years Completed (please circle): 6 7 8	Years Completed (please circle): 6 7 8		
High School	Name:				
Location:			Years Completed (please circle): 9 10 11	12	
College/Und	ergraduate School Name:				
Location:			Years Completed (please circle): 1 2 3	4	
Graduate/Pro	ofessional School Name: _				
Location:			Years Completed (please circle): 1 2 3	4	
Diploma/Deg	gree:		Date Received:	Date Received:	
Describe any	specialized training, app	renticeship, skills and extracurricular activi	ties:		
Describe any	honors you have received	d:		_	
State any add	ditional information you fo	eel may be helpful to us in considering you	r application:		
Indicate any	foreign languages you can	n speak, read and/or write: GOOD	FAIR		
ape . W	TECENT	0000	PAIR	\neg	
SPEAK					
READ					
WRITE					
			de memberships which would reveal sex, sexual orientation, ra	ıce,	
•	• •	ning in the United States Military?	Yes No		
Are you able	to perform the essential f	functions of the job for which you are apply	ring with or without a reasonable accommodation?		
			Yes No		
REFERENC	CES:				
Give name, a	address and telephone nun	nber of three references who are not related	to you.		
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EMPLOYMENT EXPERIENCE

Start with your present or most recent job and list all employment for the last 10 years and explain all gaps in your employment, attaching additional sheets if necessary. (Do not substitute your resume for this information.) Include any job-related service assignments and volunteer activities. You may exclude volunteer organizations which indicate race, color, religion, gender, national origin, disability, sexual orientation, or other protected status.

Employer	Dates Employed	Description of Duties			
	From To				
Address	Hourly Rate/Salary				
	Starting Final				
Telephone Number(s)	Final Yearly Salary				
Job Title	Supervisor				
Reason for Leaving (check) Layoff Involuntary Termination Resignation					
Explain:					
Employer	Dates Employed	Description of Duties			
	From To	,			
Address	Hourly Rate/Salary	1			
	Starting Final				
Telephone Number(s)	Final Yearly Salary				
Job Title	Supervisor				
Reason for Leaving (check) Layoff Involuntary Tes	rmination Resignation				
Explain:					
Employer	Dates Employed	Description of Duties			
	From To				
Address	Hourly Rate/Salary				
	Starting Final				
Telephone Number(s)	Final Yearly Salary				
Job Title	Supervisor				
Reason for Leaving (check)	rmination				
Explain:					
Employer	Dates Employed	Description of Duties			
	From To				
Address	Hourly Rate/Salary	1			
	Starting Final				
Telephone Number(s)	Final Yearly Salary				
Job Title	Supervisor				
Reason for Leaving (check)	1				
Explain:					
(Please use additional space on page 4 if necessary)					
Commenciation and the selected shifts and available and av					
Summarize special job-related skills and qualifications acquired from employment or other experience.					

CERTIFICATION AND AGREEMENT

READ CAREFULLY BEFORE SIGNING

I UNDERSTAND AND AGREE THAT:

- 1. Any misrepresentation or omission of facts in my application or any attachments to my application (including any resumes) may result in refusal of employment or if employed, termination from employment.
- 2. I understand and agree that any person authorized by the Company can at any time request that I submit to a search of my person, purses, and packages in my possession, or any locker, desk, computer, phone or files that may be assigned to me. I understand that my refusal to submit to such a search may result in termination. I hereby waive all claims for damages resulting from such examination(s).
- 3. I understand and agree that, depending on the particular job position, I may be required to submit to a medical examination or inquiry after a conditional offer of employment, but prior to starting work. If I am employed by the Company, I understand that I may be required to submit to a medical examination or inquiry to determine my ability to perform the essential functions of my job, whether I am entitled to a reasonable accommodation and/or whether I pose a direct threat to myself or others. The tests, exams and inquiries discussed above, to the extent that they are to be performed by someone other that my personal physician, are at the Company's expense. I authorize any physician, including my personal physician, to release any information to the Company related to any such test, examination or inquiry and I agree to execute any necessary releases and authorizations for the Company to obtain such information. Failure to submit to such testing and/or provide the necessary releases and authorizations may result in the refusal of employment, including the withdrawal of an offer of employment, or, if employed, disciplinary action up to and including termination.
- 4. I further understand that the Company can, except as otherwise provided by law, change wages, benefits and/or working conditions in its sole discretion, and that I may be required to work overtime or on weekends, depending upon job requirements.
- 5. I understand that the Company may, from time to time, establish rules, regulations, policies and/or disciplinary procedures, some of which may be reduced to writing. In consideration of my employment, I agree to conform to all applicable rules, regulations, policies, and/or disciplinary procedures of the Company and/or any department thereof. I understand that those rules, regulations, policies and/or disciplinary procedures are not intended by the Company to create an obligation of continued employment.
- 6. I understand that this document is an application for employment and continued employment is not being offered. I understand and agree that my employment, both during and after any introductory or orientation period, is for an indefinite period, and that nothing in this application shall be deemed to create any contract of continued employment between me and the Company. I further understand that my employment can be terminated at will at any time by myself or the Company for any or no cause. I understand that employment beyond any introductory or orientation period or employment for a number of years shall not result in any heightened expectation of continued employment. I understand and agree that any statements to the contrary, whether oral or written, are expressly disavowed and are not to be relied upon by me. I further understand that no representative of the Company has any authority to enter into an agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except in a written document signed by the President of the Company.
- 7. It is my understanding that this application for employment will only remain active for thirty (30) days following the date of application.

Applicant's Signature	Date	
FOR OFFICE USE ONLY		
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Arrange Interview: Yes No		
Remarks:		
Tuta mai a m		
Interviewer:		