



### APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY-WRITE CAREFULLY-ANSWER ALL QUESTIONS

THE QUESTIONS FOUND ON THIS APPLICATION ARE BEING ASKED TO PROPERLY EVALUATE YOUR ABILITIES AND CHANCES OF SUCCESS IN THE POSITION FOR WHICH YOU ARE APPLYING. EVERY EFFORT HAS BEEN MADE TO COMPLY WITH APPLICABLE FEDERAL LAWS AND THE LAWS OF OUR STATE. IT IS NOT OUR INTENT TO DISCRIMINATE IN EMPLOYMENT BASED ON COLOR, RACE, SEX, RELIGION, AGE, NATIONAL ORIGIN OR DISABILITY.

THIS APPLICATION WILL REMAIN ACTIVE FOR A PERIOD OF (90) DAYS ONLY.

<b>NAME AND ADDRESS</b>	(Last Name)		(First Name)		(Middle Name)		
	Current address (Number & Street)						
	City		County		State		Zip
	Drivers license no. & State		Social Security Number		Home Phone		Phone No. for Message
<b>EMPLOYMENT DESIRED</b>	Desired Position			Experience? YES <input type="checkbox"/> NO <input type="checkbox"/>			
	Have you worked for us before? YES <input type="checkbox"/> NO <input type="checkbox"/>		(If "YES", State date you left) ____/____/____		Have you worked for us before under a different name? (It "YES" state name.) YES <input type="checkbox"/> NO <input type="checkbox"/>		
	What type of position do you prefer?		Full-time <input type="checkbox"/>		Part-time <input type="checkbox"/> PRN <input type="checkbox"/>		

<b>Citizenship</b>		<b>U.S. Military Service</b>		
Do you have the legal right to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>		Service Branch:	Final Rank of Rate:	Specialty:
Can you after employment submit a birth certificate or other proof of U.S. citizenship if your job legally requires it? YES <input type="checkbox"/> NO <input type="checkbox"/>		Date Entered: ____/____/____	Date Separated: ____/____/____	
Comments, if any:		Reserve organization:		
		Please list job related skills or experience:		

<b>PERSONAL</b>	Have you ever been convicted or presently charged with a violation of Federal, State, County or Municipal laws or ordinances (other than minor traffic violations). Include conviction under court Martial and Non-Judicial punishment. YES <input type="checkbox"/> NO <input type="checkbox"/> IF "YES", GIVE DATE, PLACE, CHARGE, AND DISPOSITION.		NOTE: A CONVICTION WILL NOT NECESSARILY BAR YOU FROM EMPLOYMENT. EACH CONVICTION WILL BE JUDGED ON ITS OWN MERIT WITH RESPECT TO TIME, CIRCUMSTANCES AND SERIOUSNESS.	
	HAVE YOU EVER BEEN DISCHARGED (FIRED) FROM A JOB? YES <input type="checkbox"/> NO <input type="checkbox"/>		IF "YES", Explain- Give dates:	
	HAVE YOU EVER BEEN DISCIPLINED OR DISCHARGED FOR:			
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Absenteeism, Tardiness	
	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Failure to notify your company when absent	
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Any other attendance-related reasons		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Theft, unauthorized removal of company property or related offenses		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Fighting, assault, or related offenses		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Being under the influence of alcohol or drugs		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Possession, use or abuse of alcohol or drugs		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Insubordination		
YES <input type="checkbox"/>	NO <input type="checkbox"/>	Violating safety rule(s)		
DO YOU HAVE A VALID DRIVERS LICENSE (Required for some positions) IF "YES" State issued:		YES <input type="checkbox"/> NO <input type="checkbox"/>		
HAS YOUR DRIVERS LICENSE BEEN SUSPENDED OR REVOKED IN THE LAST THREE YEARS? IF "YES" Explain:		YES <input type="checkbox"/> NO <input type="checkbox"/>		

	LIST ANY GEMU/INNOTEK EMPLOYEES YOU ARE RELATED TO AND RELATIONSHIP:			
	HAVE YOU ANY HOBBIES OR INTERESTS, OR BELONG TO ANY CLUB, ORGANIZATION, SOCIETY OR PROFESSIONAL GROUP WHICH HAS A DIRECT BEARING ON YOUR QUALIFICATION FOR THE JOB WHICH YOU ARE SEEKING? YES <input type="checkbox"/> NO <input type="checkbox"/>			
EDUCATION	<b>NAMES (COMPLETE ADDRESSES OF SCHOOLS)</b>	<b>ACADEMIC MAJOR</b>	<b>NUMBER OF YEARS ATTENDED</b>	<b>DIPLOMA</b>
	Last High School:			
	Name if Different on Records:			
	JR. College, college, university, technical or vocational school:			
	Name if Different on Records:			
	Graduate School:			
	Name if Different on Records:			
Other details of experience or training including information on adult education programs, which have a direct bearing on the job for which you are seeking.	School	Course	Diploma or Certificate	Date Completed

<b>Employment History</b>					
<b>Must complete. Resume alone is not sufficient</b>					
GIVE A COMPLETE RECORD OF ALL EMPLOYMENT AND REASONS FOR PERIODS UNEMPLOYED DURING PAST TEN YEARS. START WITH MOST RECENT EMPLOYMENT. GIVE U.S. EXPERIENCE ONLY.					
LAST EMPLOYMENT FIRST		EMPLOYER'S NAME, ADDRESS, TELEPHONE NUMBER		LAST SALARY AND POSITION (S) HELD	REASON FOR LEAVING
FROM :		TO:			
MO.	YR.	MO.	YR.		
				Employer:	Salary:
				No. & Street:	Position:
				City, State & Zip:	Supervisor:
				May we contact this employer: YES <input type="checkbox"/> NO <input type="checkbox"/>	Phone Number:
				Employer:	Salary:
				No. & Street:	Position:
				City, State & Zip:	Supervisor:
				May we contact this employer: YES <input type="checkbox"/> NO <input type="checkbox"/>	Phone Number:
				Employer:	Salary:
				No. & Street:	Position:
				City, State & Zip:	Supervisor:
				May we contact this employer: YES <input type="checkbox"/> NO <input type="checkbox"/>	Phone Number
				Employer:	Salary:
				No. & Street:	Position:
				City, State & Zip:	Supervisor:
				May we contact this employer: YES <input type="checkbox"/> NO <input type="checkbox"/>	Phone Number

Name if Different on Personnel Records:	List office machines you can use <input type="checkbox"/> Not Applicable		
Please list what other equipment you can operate:			
Not Applicable <input type="checkbox"/>		Repair? <input type="checkbox"/> YES <input type="checkbox"/> NO	Set-up? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Repair? <input type="checkbox"/> YES <input type="checkbox"/> NO	Set-up? <input type="checkbox"/> YES <input type="checkbox"/> NO
		Repair? <input type="checkbox"/> YES <input type="checkbox"/> NO	Set-up? <input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL CERTIFICATIONS			
Type:	Date Issued:		Type:
Date Issued:	No:	Date Issued:	No:
Name if different on records:	Name if different on records:		
Area of specialization:	Area of major interest:		

PREVIOUS ADDRESSES					
LIST ALL RESIDENCE ADDRESSES FOR THE LAST <b>TEN</b> YEARS. ATTACH SEPARATE SHEET IF NECESSARY					
Name (if Different)	Street address	City/State	County	Zip Code	Dates

Please describe all duties you are unable to perform and tell us what may be done to accommodate you.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Were you referred by:

1. Advertising Vendor (NAME) \_\_\_\_\_

2. Employee (NAME) \_\_\_\_\_

3. Employment Agency (NAME) \_\_\_\_\_

4. Other \_\_\_\_\_

<b>REFERENCES</b>	Name:	Occupation:	Organization:
		Phone:	Address:
	Name:	Occupation:	Organization:
		Phone:	Address:
	PERSONAL – GIVE NAME (S) OF PERSONS WE MAY CONTACT WHO HAVE KNOWN YOU AT <b>LEAST 2 YEARS.</b>		
	Name:	Occupation:	Organization:
		Phone:	Address:
	Name:	Occupation:	Organization:
		Phone:	Address:

**IMPORTANT! GIVE NAME AND ADDRESS OF PERSON TO NOTIFY IN CASE OF AN EMERGENCY.**

NAME: \_\_\_\_\_ RELATIONSHIP TO EMPLOYEE \_\_\_\_\_

ADDRESS (STREET & CITY): \_\_\_\_\_

ADDRESS (STATE & ZIP): \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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**At-Will Employment**

I understand that if I am hired by Gemu Valves or Innotec Stainless, I agree that I will be an “at-will” employee which means that either I, Gemu Valves, or Innotec Stainless may end my employment at any time, with or without notice. I agree that no written materials or verbal statements will constitute an expressed or implied contract of continued employment and that this at-will relationship can only be modified in writing by upper management.

**Drug Free Environment**

I do not participate in the use of illegal drugs nor will I work under the influence of drugs or alcohol during my employment.

**Personnel Information**

I authorize Gemu Valves or Innotec Stainless to conduct reference checks, criminal and driving record checks, and other consumer report investigations. I certify that no items or events related to my background will cause a risk to the company, it’s employees, and/or property. I understand that conviction of a crime will not necessarily disqualify me from consideration of employment. I agree that any false information or omission allows Gemu Valves or Innotec Stainless not to hire me, or to terminate my employment at any time.

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\_\_\_\_\_  
SIGNED:

\_\_\_\_\_  
DATE:

\_\_\_\_\_  
SIGNED:

\_\_\_\_\_  
DATE:



## NOTIFICATION TO APPLICANT

I hereby agree to submit to urinalysis and/or other drug tests as shall be deemed necessary by Gemu Valves or Innotec Stainless, at such place and time to which determined by a voluntarily consent to the release of such test results. I understand that a positive result from such test may preclude my job offer or continued employment. Furthermore, I understand that my failure to execute this consent form will result in my not being considered for further employment. I hereby release Gemu Valves or Innotec Stainless and/or it's agents from any claims or liability related to the collection of specimens, submission of said specimens to a laboratory for analysis and/or use of said tests in connection with my employment. I also understand that the information described above will not be released to anyone else or used for any other purpose, except as specified in the companies' policies.

*I also understand that I have 72 hours to complete my pre-employment drug screening. I also understand that if I do not have my screening done within 72 hours, I will not be eligible for hire at this time and can reapply in 6 months.*

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Applicant's Signature

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Date