



APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer.

Federal and/or state law prohibits discrimination because of race, creed, age, sex, color, national origin, religion, marital status, veteran's status or disability. Elscott Manufacturing has a zero tolerance policy prohibiting harassment of any kind in or about its workplace. Copies of this policy may be obtained from the Plant Manager.

Name			Current Telephone	
First	MI	Last	Area Code	Phone

Current Street/City/State Address

P.O. Box and Street Number	City	State	Zip Code
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Are you a U.S. Citizen, permanent resident, temporary resident, applicant for temporary residence, refugee or asylee? If no, what is your current status?

As a condition of employment with Elscott, successful applicants must provide within three (3) days after employment begins, documentation to prove identity and proper authorization to work in the United States. Specific instructions will be provided prior to your first day of employment regarding the documents you will be required to provide.

Permanent Address (If different from current address above)

P.O. Box and Street Number	City	State	Zip Code
Telephone No. ()			

Position Preferences (Please describe the type of work you would like to do and for which you are best qualified.)

Please list any special skills directly related to the positions sought.

How were you referred to Elscott?

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Date you are available to start

Month	Day	Year
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Education	Level Completed	School Name	GPA
High School	Graduate? Yes/No		
Post High School	Degree Earned		

PREVIOUS EMPLOYMENT

Employer	From Date Mo. Yr.	To Date Mo. Yr.	Position Title
City	State	County	Reason for Leaving
			Supervisor Name & Title
Salary/Week \$	Salary/Month \$	Hours/Week	

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City	State	County	Reason for Leaving
			Supervisor Name & Title
Salary/Week \$	Salary/Month \$	Hours/Week	

Have you previously been employed by Elscott, its subsidiaries, or affiliated companies? Yes No
If yes, when and where?

Have you ever pleaded guilty to, or been convicted of a felony? (To be used by the company only if conviction relates to fitness to perform a particular position) Yes No If yes, give details:

I hereby certify that the information provided is true and complete to the best of my knowledge. I authorize and instruct Elscott Manufacturing and/or its designated agents to make whatever inquiries necessary of any person or organization to verify any of the information I have provided in this application, and to determine my qualifications and abilities. I hereby release Elscott Manufacturing and/or its designated agents from any and all claims or cause of action arising out of their efforts to verify the information I have provided in this application and/or their determination of my qualification and abilities.

Full Signature: _____ Date: _____