



E & E Manufacturing Company, Inc.

Application For Employment

Dear Prospective Employee,

Thank you for considering E & E Manufacturing Company, Inc. We are pleased you've chosen to consider employment with one of the most progressive, innovative, spirited, productive, and committed work forces in the country.

For this application to be considered, you must fill in all information. Do not leave any areas blank even if you have a resume. Be sure to execute all areas of this application where your signature is required.

Misrepresentation of any fact or qualification on this application, your resume, or during a pre-employment interview will be reason for discharge and may result in your being separated by the company.

We are an equal opportunity company. We are committed to a policy of non-discriminatory employment in accordance with Federal and State laws that prohibit discrimination on the basis of race, religion, creed, national origin, color, ancestry, age, sex, marital status, disability, height, weight, citizenship, veterans status or other characteristics protected by law.

We request that you fully and accurately complete this application while on our premises. This application may not be removed from the premises. Applications submitted that are completed elsewhere likely will not be considered. Incomplete applications will not be considered.

Should you have any questions, please ask the E & E Manufacturing Associate from whom you obtained the attached application.

Best wishes in your endeavors,

The Human Resources Staff

E & E Manufacturing Company, Inc.

Application For Employment

APPLICANT PLEASE COMPLETE:

_____	_____	_____	_____
Last Name	First	Middle	Today's Date
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____		
Telephone #	Alternate Telephone #		

<p>1) Type of job(s) you are interested in? (Check all that apply)</p> <table><tr><td><input type="checkbox"/> Clerical</td><td><input type="checkbox"/> Quality</td></tr><tr><td><input type="checkbox"/> Secretarial</td><td><input type="checkbox"/> Human Resources</td></tr><tr><td><input type="checkbox"/> Press Operator</td><td><input type="checkbox"/> Welding</td></tr><tr><td><input type="checkbox"/> Professional/Technical</td><td><input type="checkbox"/> Tapping</td></tr><tr><td><input type="checkbox"/> Maintenance/Custodial</td><td><input type="checkbox"/> Shipping/Receiving</td></tr><tr><td><input type="checkbox"/> Skilled Trades</td><td><input type="checkbox"/> Hilo Operator</td></tr><tr><td><input type="checkbox"/> Assembly</td><td><input type="checkbox"/> Inventory</td></tr><tr><td><input type="checkbox"/> Administrative/Management</td><td><input type="checkbox"/> Purchasing</td></tr><tr><td><input type="checkbox"/> Truck Driver</td><td><input type="checkbox"/> Other _____</td></tr><tr><td><input type="checkbox"/> Production Supervisor</td><td>_____</td></tr></table>	<input type="checkbox"/> Clerical	<input type="checkbox"/> Quality	<input type="checkbox"/> Secretarial	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Press Operator	<input type="checkbox"/> Welding	<input type="checkbox"/> Professional/Technical	<input type="checkbox"/> Tapping	<input type="checkbox"/> Maintenance/Custodial	<input type="checkbox"/> Shipping/Receiving	<input type="checkbox"/> Skilled Trades	<input type="checkbox"/> Hilo Operator	<input type="checkbox"/> Assembly	<input type="checkbox"/> Inventory	<input type="checkbox"/> Administrative/Management	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Other _____	<input type="checkbox"/> Production Supervisor	_____	<p>2) Type of work desired. (Check all that apply)</p> <p><input type="checkbox"/> Temporary</p> <p><input type="checkbox"/> Part-time _____ hours/week</p> <p><input type="checkbox"/> Full-time (40 hours per week)</p> <p><input type="checkbox"/> Seasonal</p> <p><input type="checkbox"/> Educational Co-op</p>	<p>3) Shift preference (Check all that apply)</p> <p><input type="checkbox"/> 1st (days)</p> <p><input type="checkbox"/> 2nd (afternoons)</p> <p><input type="checkbox"/> 3rd (evenings)</p> <p><input type="checkbox"/> 1st Choice _____</p> <p><input type="checkbox"/> 2nd Choice _____</p> <p><input type="checkbox"/> 3rd Choice _____</p>
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<input type="checkbox"/> Truck Driver	<input type="checkbox"/> Other _____																					
<input type="checkbox"/> Production Supervisor	_____																					

What is the best time to contact you? _____ am pm

Have you ever applied for employment with us? Yes No

If you answered yes to previous question, please provide the Month _____ Year _____ Location _____

Have you ever worked for us before? Yes No - If yes, when did you work for us. _____

Name	Relationship	Department
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Do you have any friends working for us? Yes No _____

Do you have any relatives working for us? Yes No _____

Will you work overtime if asked? Yes No

When will you be available to begin work? Day: _____ Date: _____

What is your desired salary range? _____ - _____

GENERAL INFORMATION

Are you legally eligible for employment in this country (A U.S. citizen or alien authorized to work in the U.S.)? Yes No

Have you ever been convicted of a crime, excluding misdemeanors and traffic violations? Yes No

If yes, explain when, where and the nature of the offense: _____

(a conviction will not necessarily bar you from employment)

Are there any felony charges pending against you now? Yes No

If yes, describe: _____

Explain any specialized training, schooling, certificate, or awards you received which are applicable to the work you are applying for: _____

What hobbies, recreational activities, or other interests do you have? ** _____

In what job related organizations and community services do you participate? ** _____

** (please do not list activities which would reflect race, religion, national origin, color, ancestry, age, sex, marital status, disability, height, weight or citizenship).

PROFESSIONAL REFERENCES

(List persons other than relatives likely to know your work skills and abilities).

Name Address City State Zip Phone

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Name Address City State Zip Phone

MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces? Yes No - If yes, what branch? _____

Date of active duty: Month: _____ Day: _____ Year: _____ to Month: _____ Day: _____ Year: _____

Were you Honorably Discharged? Yes No

What special training or usable skills did you acquire during your service? _____

WORK EXPERIENCE

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.

Employer	Dates Employed		Work Performed
Address	FROM	TO	
Telephone			
Starting/Present Job Title	Hourly Rate		
Supervisor	Start	Final	
Reason for leaving			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	Dates Employed		Work Performed
Address	FROM	TO	
Telephone			
Starting/Present Job Title	Hourly Rate		
Supervisor	Start	Final	
Reason for leaving			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

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Address	FROM	TO	
Telephone			
Starting/Present Job Title	Hourly Rate		
Supervisor	Start	Final	
Reason for leaving			May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include any explanations of any gaps in employment history. _____

Are you currently on "Layoff Status" and subject to recall? Yes No

SKILLS AND ABILITIES

Check any of these skills for which you have been trained, are licensed, or have experience.
(For consideration, copies of certificates or licenses must be submitted with this application if a required qualification.)

OFFICE SKILLS <input type="checkbox"/> Typing _____ WPM <input type="checkbox"/> Data Entry <input type="checkbox"/> Shorthand _____ WPM <input type="checkbox"/> Speedwriting _____ WPM <input type="checkbox"/> Filing <input type="checkbox"/> Telephone contact <input type="checkbox"/> Switchboard / Receptionist <input type="checkbox"/> Word Processing (list programs) <input type="checkbox"/> Other _____ 	MACHINE <input type="checkbox"/> Computer <input type="checkbox"/> Mainframe <input type="checkbox"/> PC <input type="checkbox"/> Calculator <input type="checkbox"/> Adding Machine <input type="checkbox"/> Dictaphone <input type="checkbox"/> Burster <input type="checkbox"/> Posting <input type="checkbox"/> Xerox / Copier <input type="checkbox"/> Microfilm / Microfiche <input type="checkbox"/> Other _____ 	KNOWLEDGE OF <input type="checkbox"/> Systems / Data Processing <input type="checkbox"/> Statistics / Mathematics <input type="checkbox"/> Accounting / Bookkeeping <input type="checkbox"/> Marketing / Sales <input type="checkbox"/> Advertising <input type="checkbox"/> Mgmt / Supervision <input type="checkbox"/> Customer Relations <input type="checkbox"/> Personnel / Training <input type="checkbox"/> Languages (list) _____ <input type="checkbox"/> Local Area Networks <input type="checkbox"/> Other _____ 	WORK EXPERIENCE IN <input type="checkbox"/> Computing <input type="checkbox"/> Clerical / Secretarial <input type="checkbox"/> Retail Sales <input type="checkbox"/> Food Service <input type="checkbox"/> Personnel / Human Resources <input type="checkbox"/> Courtesy / Customer Relations <input type="checkbox"/> Data Processing <input type="checkbox"/> Cashiering <input type="checkbox"/> Account Payable / Receivable <input type="checkbox"/> Stock / Warehouse <input type="checkbox"/> Custodial / Maintenance <input type="checkbox"/> Skilled Trades (Type) _____ <input type="checkbox"/> Management <input type="checkbox"/> Other _____
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1. List other skills/abilities which you feel would qualify you for work with our company: _____

2. List any personal or professional certifications, awards, or accomplishments you have achieved: _____

EDUCATION

School	Name / Location of School	Course of Study	Number of Years Completed?	Did You Graduate?	Degree or Diploma
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

What school activities and organizations did you participate in? _____

(You are not required to list those activities which would reflect race, religion, national origin, color, ancestry, age, sex, marital status, disability, height, weight or citizenship.)

What scholastic honors did you receive? _____

Describe your membership in Professional or Civic Organizations. _____

(Exclude which would reflect race, religion, national origin, color, ancestry, age, sex, marital status, disability, height, weight or citizenship.)

E & E MANUFACTURING CO., INC.

APPLICANT: PLEASE CAREFULLY READ AND SIGN BELOW

We are an equal employment opportunity company. We are dedicated to a policy of non-discriminatory employment in accordance with federal and state laws which prohibit discrimination on the basis of race, religion, creed, national origin, color, ancestry, age, sex, marital status, disability, height, weight, citizenship, veteran status or other characteristics protected by law.

I understand that if I am selected as a final candidate for employment, I will be required by E & E Manufacturing Company, Incorporated, to submit to a drug test. My refusal to consent to such test or a positive test result will result in refusal of further consideration for employment.

I understand that to be employed I must be lawfully authorized to work in the United States, and I must show the employer documents that will prove this. I understand that the company will thoroughly investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and firms named therein, except my current employer if so noted, to provide any information requested about me. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information, and waive written notice that employment information is being provided by any person or organization.

I understand that such information may also include a record of disciplinary action assessed by previous employers, and hereby release such parties from any obligation to notify me of these investigations of my background.

I understand that I will be expected to abide by all policies and procedures outlined by the company.

I acknowledge that no one has made a promise of employment to me and I understand that if E & E Manufacturing Company, Inc. makes an offer of employment it will be for an indefinite period of time, unless otherwise expressly set forth in writing and approved by the President and/or C.O.O. of E & E Manufacturing Company, Inc.

I further understand and acknowledge that all terms and conditions of my employment relationship will be terminable at will and without cause by either the employer or myself. Any terms and conditions beyond those set forth therein shall not be binding upon E & E Manufacturing Company, Inc. unless expressly set forth in writing and approved by the President and/or C.O.O. of E & E Manufacturing Company, Inc.

All of the above information on this application provided in conjunction with this application is correct and true to the best of my knowledge. I understand that any false or misleading statement made by me in connection with this application or the failure to disclose any material information will be grounds for immediate dismissal. I understand that if hired I will have an introductory period during which time I may be terminated at the discretion of the company.

Thereafter, the terms of my continued employment will be pursuant to the written employment policies that the company may from time to time determine.

Type Full Name of Applicant

Date

Time

(This statement must be signed for your application to be considered).

Pre-Employment Testing

As an applicant of this Company, I am fully aware and I completely understand that the Department of Labor permits non-remunerated pre-employment testing. I am aware and agree that I may be reviewed and tested and not paid for any review/test period required by this Company. I am also aware, agree and understand that I am NOT an employee of this Company during this review/testing period and that I am NOT performing work or services, in any way. If I have been determined to have passed my pre-employment review/testing period, as solely determined by management, and then received and accepted an offer of employment from this Company, only then will I be considered an employee and my remuneration begins at that time.

Signature of Applicant

Date

Time