

APPLICATION FOR EMPLOYMENT - 2019

(DRIVING AND NON-DRIVING POSITIONS)



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?
 Advertisement Relative/Friend Inquiry Employment Agency Other _____

Last Name	First Name	Middle Name
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Address	Number	Street	City	State	Zip Code
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Telephone Number(s)	Email Address:
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If offered a position, can you provide proof that you are at least 18 years of age?..... Yes No

Have you ever been employed with us before? Yes No

If Yes, give date _____

Do any of your friends or relatives, work here? Please list _____ Yes No

Are you legally eligible for employment in this company?..... Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full-Time Part-Time - Please indicate: Mornings Afternoon

Temporary Please indicate date available: ____/____/____

Can you travel if a job requires it? Yes No

PROFESSIONAL REFERENCES (do not list friends or relatives)

1.	_____	()	()
	(Name) (Company) (Relationship)		Phone #
2.	_____	()	()
	(Name) (Company) (Relationship)		Phone #
3.	_____	()	()
	(Name) (Company) (Relationship)		Phone #

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION, TRAINING & ACTIVITIES

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
High School				<input type="checkbox"/> Diploma <input type="checkbox"/> GED
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, and skills. List equipment and machinery used.

Describe any job-related training received in the United States military.

COMMERCIAL DRIVER INFORMATION (Driving Positions Only)

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

May we contact your present employer? ___ Yes ___ NO* *If you select "no" per 49 CFR Part 391.23, your current employer will be contacted within the first 30 days of employment. The results could affect your employment with ILMO Products Company.

Please list all Employers for the last three (3) years where you were subject to Federal Motor Carrier Safety Regulations (FMCSR's) while employed or were in a job designated as a safety sensitive function in any DOT regulated mode subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40. The address, dates of employment and reason for leaving must be included for these employers on this page of this application per 49 CFR Part 391.21. The information regarding your prior employment may be used, and your former employers will be contacted, for the purpose of investigating your safety performance as required by DOT regulations.

Employer	Subject to FMCSR's? (Y/N)	DOT Safety Sensitive Position? (Y/N)

EMPLOYMENT HISTORY

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			
	Telephone Number(s)			
	Job Title	Contact Person		
	Reason for Leaving	May we contact?		Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Contact Person		
	Reason for Leaving	May we contact?		Yes <input type="checkbox"/> No <input type="checkbox"/>
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Contact Person		
	Reason for Leaving	May we contact?		Yes <input type="checkbox"/> No <input type="checkbox"/>
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Contact Person		
	Reason for Leaving	May we contact?		Yes <input type="checkbox"/> No <input type="checkbox"/>
5.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)			
	Job Title	Contact Person		
	Reason for Leaving	May we contact?		Yes <input type="checkbox"/> No <input type="checkbox"/>

If you need additional space, please continue on a separate sheet of paper.

TRANSPORTATION EXPERIENCE (Driving Positions Only)

Please complete the following sections only if applying for a position in which an essential function of the job is operating a company vehicle.

ACCIDENT RECORD – for past 3 years or more. If none, check here _____.

Dates	Type of Vehicle Driven	Property Damage (Y/N)	Personal Injury (Y/N)	Description of Accident
Last Accident				
Next Previous				
Next Previous				

(Attach sheet if more space is needed)

TRAFFIC CONVICTIONS – and forfeitures for the past 3 years (other than parking violations) If none, check here _____.

Location (City, State)	Date	Type of Violation

(Attach sheet if more space is needed)

DRIVER LICENSES - List all driver licenses or permits held in the past 3 years

State	License Number	Class	Endorsements	Expiration Date

Please provide the expiration date on your medical card: _____

Has your license, permit or privilege to operation a motor vehicle even been suspended or revoked? ____ Yes ____ No

If yes, please explain: _____

DRIVING EXPERIENCE

Type of Equipment	Years of Experience	Approximate Number of Miles

EXPERIENCE AND QUALIFICATIONS – OTHER

List states operated in for last five years: _____

List special courses or training that will help you as a driver: _____

Which safe driving awards to you hold and from whom? _____

APPLICANT'S STATEMENT

I certify that all the information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references, employers, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. Additionally, I consent to pre-employment testing or examinations if required for the position for which I am applying.

I understand and agree that, if offered employment, I may be required to sign ILMO Product's standard non-competition agreement as a condition of employment.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 6 months. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that, if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that all positions require a pre-employment drug test and that the result must be negative.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (1) eliminate me from further consideration or (2) may result in immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the forgoing Applicant Statement.

Signature of Applicant

Date

VOLUNTARY APPLICANT DATA

ILMO Products Company is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, ILMO Products Company invites applicants to voluntarily self-identify their race/ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement.

Date: _____ Position applied for: _____

Name: _____

Referral Source: _____ Advertisement (print) _____ Employee Referral _____ Walk-in
_____ Employment Agency _____ Internet (specify site) _____
Other _____

EEO Survey

Government agencies require periodic reports on the sex and ethnicity of applicants and employees. This data will be used for analysis and reporting only. **Choose one race/ethnic group. Submission of information is voluntary.**

Sex: _____ Male _____ Female

Race/Ethnic Group : _____ Hispanic or Latino _____ White _____ Black or African American
_____ Native Hawaiian or Other Pacific Islander _____ Asian
_____ American Indian or Alaska Native _____ Two or more races

Definitions

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino) – A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino) – All persons who identify with more than one of the above five races.