

West Point Industries

P. O. Box 589
West Point, Georgia 31833-0589

Application for Employment

INSTRUCTIONS: We appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading. Please print all information. ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. Print "N/A" in any space that does not apply to you. Initials must be placed in the appropriate spaces on the page for the Job Applicant's Agreement. All applicants are considered for the position for which they apply and the application will remain active for a period of 60 days. INCOMPLETE APPLICATIONS ARE CONSIDERED WITHDRAWN.

We are an Equal Opportunity Employer. We do not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age (over 40), disability or veteran status, or because of citizenship status in the case of citizen or intending citizen. No question on this application is intended to secure information to be used for such discrimination.

Job Applied For _____ Date of Application: _____

Date available to start work: _____

PERSONAL DATA

Name _____ Social Security Number _____
Last First Middle

Address _____
Number Street City State Zip Code

How many years have you lived there? _____ Phone Number (_____) _____

Previous Address _____ Years lived there _____

Have you ever used another name or nickname which might help us verify the contents of this Application? _____

* Are you less than eighteen (18) years of age? Yes _____ No _____ If "yes", state age _____

* If under 18 years of age, employment is subject to verification of minimum legal age by age certificate or work permit.

Are you interested in Full Time _____ Part Time _____ Temporary Work _____ Specify hours if part time _____

In what job or trade are you skilled? _____

What machines can you operate? _____

Clerical skills? _____

Computer skills? _____

Are you willing and able to work required overtime? Yes _____ No _____ Are you willing to travel? Yes _____ No _____

What shift can you work? First _____ Second _____ Third _____ Any _____

If the job for which you are applying requires you to drive, answer the following:

Do you have a current valid driver's license? Yes _____ No _____ Give Number _____
If yes, State where issued _____

If you smoke, are you willing to smoke only in designated areas? Yes _____ No _____ I do not smoke _____

Have you ever worked here before? Yes _____ No _____ If yes, when? _____

Department worked in? _____ Why did you leave? _____

List the names of any persons who are employed by West Point Industries who can verify the information on this Application.

| NAME | DEPARTMENT |
|-------|------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

EMPLOYMENT INFORMATION

List your last or present job first and then others in order back from that one. List all former employment. If additional space is needed, place under Additional Information.

| | |
|--------------------------|--------------------------|
| Name of Company _____ | From: _____ To: _____ |
| Address _____ | Starting Pay _____ |
| City, State, Zip _____ | Final Pay _____ |
| Position held _____ | Name of Supervisor _____ |
| Reason for Leaving _____ | |

| | |
|--------------------------|--------------------------|
| Name of Company _____ | From: _____ To: _____ |
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| Address _____ | Starting Pay _____ |
| City, State, Zip _____ | Final Pay _____ |
| Position held _____ | Name of Supervisor _____ |
| Reason for Leaving _____ | |

May we contact above employers? Yes _____ No _____

*Please see Authorization to Release Employment Reference Information on Page 4.

How would you rate your work quality? Poor ____ Below Average ____ Average ____ Above Average ____ Excellent ____

How would you rate your work attendance? Poor ____ Below Average ____ Average ____ Above Average ____ Excellent ____

How would you rate your productivity? Poor ____ Below Average ____ Average ____ Above Average ____ Excellent ____

Have you ever left a job because you might have been fired if you did not quit? Yes _____ No _____

If yes, which job(s)? _____

Have you ever been fired or asked to resign? Yes _____ No _____ If yes, which job(s)? _____

Have you ever been a supervisor over other people? Yes _____ No _____ If yes, which job(s)? _____

EDUCATIONAL DATA

Elementary School:

Name and Address of School: _____
Circle Last Year Completed: 5 6 7 8

High School:

Name and Address of School: _____
Circle Last Year Completed: 9 10 11 12

Trade or Technical School:

Name and Address of School: _____
Course of Study: _____
Certificate: _____

College:

Name and Address of School: _____
Course of Study: _____ Circle Last Year Completed: 1 2 3 4
Degree: _____

Other (Specify):

Name and Address of School: _____
Course of Study: _____ Circle Last Year Completed: 1 2 3 4
Degree: _____

Are you presently attending school: Yes _____ No _____

GENERAL DATA

What pay do you expect to earn? _____

Have you been convicted of a felony within the last five (5) years? Yes _____ No _____

If so, give case _____ Place _____

Reason _____ Disposition of case _____

Conviction of a crime will not necessarily disqualify you from the job for which you are applying. Each conviction will be judged on its own merits with respect to time and job-relatedness.

PERSONAL REFERENCES

List below the names, addresses and occupations of three people other than relatives or former employers who have known you for at least three years.

Name _____ Occupation _____
Address _____ Phone Number (____) _____

Name _____ Occupation _____
Address _____ Phone Number (____) _____

Name _____ Occupation _____
Address _____ Phone Number (____) _____

PERSONS TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name _____ Relationship _____
Address _____ Phone Number (____) _____

OR

Name _____ Relationship _____
Address _____ Phone Number (____) _____

ADDITIONAL INFORMATION

PLEASE READ CAREFULLY

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

I understand West Point Industries will attempt to verify statements made on my application and made during my employment interview. When contacted by the Company, I give my permission for my former employers to answer any and all questions based upon information available to them in my prior employment records. I understand that it is possible that my prior employment records may not be accurate. Nonetheless, in consideration of the Company's review of this application, I release the Company and all former employers from any liability as a result of the furnishing and receiving of this reference information. I understand that my failure to sign this reference release so the Company can contact references and make a full background check of my previous work history may be deemed interference with and a withdrawal of my application for employment.

Place your initials in the appropriate space to indicate and document your consent to this Authorization. Yes _____ No _____

Complete Signature of Applicant

Date

JOB APPLICANT AGREEMENT

I understand that West Point Industries requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application may be considered sufficient cause for dismissal, if and when discovered. The use of this application does not indicate there are positions open and does not in any way obligate the Company.

I authorize personal references as well as developed references, other persons, companies, corporations, credit bureaus, schools, and law enforcement agencies to furnish to the Company and/or its agents or representatives any information they have concerning me. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of this investigation.

In consideration of my potential employment, I agree to conform to the rules of the Company. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that the Company has a similar right. I understand that my employment by the Company does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that no one other than the President of the Company has authority to make any other agreement, and any such agreement by the President must be in writing.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify the legal work authorization and identity of all new employees. An offer of employment will depend upon the Company's ability to verify this necessary information.

Applications will not be considered active after 60 days from date of application.

Place your initials in the appropriate space to indicate your consent to this Agreement. Yes _____ No _____

Complete Signature of Applicant

Date

CONSENT TO PHYSICAL EXAMINATION

I understand that any offer of employment is conditioned on the successful completion of a test for drug/alcohol abuse and may be conditioned upon the successful completion of a physical exam and I will, upon request, sign all necessary consent forms. If I am advised that the job for which I have applied requires a physical examination, I will sign the medical history release forms necessary so the Company may complete its examination of my physical condition for the purpose of determining my ability to perform the essential functions of the job. Failure to sign the necessary consent forms will be deemed a withdrawal of my application for employment.

Place your initials in the appropriate space to indicate your consent. Yes _____ No _____

Incomplete applications will not be considered.