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 INCOMPLETE APPLICATIONS ARE CONSIDERED WITHDRAWN.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 DA	<u>TA</u>		
Name		_ Social Security Number		
Last First	Middle			
AddressNumber Street	City	State	Zip Code	
	•		•	
How many years have you lived there?	Phor	ne Number ()		
Previous Address		Years lived there		
Have you ever used another name or nicknam	ne which might heln us verify th	ne contents of this Application	on?	
* Are you less than eighteen (18) years of ag * If under 18 years of age, employment is sul	bject to verification of minimum legal a	ge by age certificate or work permi		
Are you interested in Full Time	Part Time Tem	porary work Sp	ecity nours it part time	
n what job or trade are you skilled?				
What machines can you operate?				
Clerical skills?				
Computer skills?				
Are you willing and able to work required ov	vertime? Yes No	Are you willing to tra	vel? Yes No	
What shift can you work? First	Second 7	Third Any		
If the job for which you are applying requires	s you to drive, answer the follow			
Do you have a current valid driver's If yes, State where issued		No Give	Number	
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?			

NAME	DEPARTMENT		
EMPLOYMEN	Γ INFORMATION		
	n that one. List all former employment. If additional space is needed		
Name of Company	From:To:		
Address	Starting Pay		
City, State, Zip	Final Pay		
Position held Reason for Leaving	Name of Supervisor		
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:		
Address	Starting Pay		
City, State, ZipPosition held	Final PayName of Supervisor		
Reason for Leaving	Name of Supervisor		
Name of Company	From:To:		
Address	Starting Pay		
City, State, Zip	Final Pay		
	Name of Supervisor		
May we contact above employers? Yes No _			
*Please see Authorization to Release Employment Reference Int			
How would you rate your work quality? Poor Below Aver	rage Average Above Average Excellent		
How would you rate your work attendance? Poor Below Ave	erage Average Above Average Excellent		
How would you rate your productivity? Poor Below Average	age Average Above Average Excellent		
Have you ever left a job because you might have been fired if you	•		
If yes, which job(s)?			
	If yes, which job(s)?		
Have you ever been a supervisor over other people? Yes	No If yes, which job(s)?		

EDUCATIONAL DATA

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: Name and Address of School: Course of Study: Course of Study: No Are you presently attending school: What pay do you expect to earn? Have you been convicted of a felony within the last five (5) years? Yes No Place				
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: Name and Address of School: Course of Study: Degree: Other (Specify): Name and Address of School: Course of Study: Degree: Name and Address of School: Course of Study: No				-
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: Degree: Course of Study: Degree: Course of Study: Degree: Course of Study: Degree: Name and Address of School: Course of Study: Degree: Name and Address of School: Course of Study: Degree: Mare 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				
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: Name and Address of School: Course of Study: Course of Study: No Are you presently attending school: What pay do you expect to earn? Have you been convicted of a felony within the last five (5) years? Yes No Place				
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: Degree: Course of Study: Degree: Course of Study: Degree: Course of Study: Degree: Name and Address of School: Course of Study: Degree: Name and Address of School: Course of Study: Degree: Mare 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				
Name and Address of School: Course of Study: Certificate: Name and Address of School: Course of Study: Degree: Other (Specify): Name and Address of School: Course of Study: Degree: Name and Address of School: Course of Study: 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				
Name and Address of School: Course of Study: Certificate: Name and Address of School: Course of Study: Degree: Other (Specify): Name and Address of School: Course of Study: Degree: Name and Address of School: Course of Study: 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				
Course of Study:				
College: Name and Address of School: Course of Study: Degree: Name and Address of School: Course of Study: Name and Address of School: Course of Study: Circle Last Year Completed: Course of Study: Degree: Circle Last Year Completed: Circle Last Year Completed: Degree: Mare 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				_
College: Name and Address of School: Course of Study: Degree: Other (Specify): Name and Address of School: Course of Study: Course of Study: Course of Study: Course of Study: 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				
Name and Address of School: Course of Study: Circle Last Year Completed: Degree: Circle Last Year Completed: Other (Specify): Name and Address of School: Circle Last Year Completed: Degree: No 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				
Course of Study: Circle Last Year Completed: Degree: Other (Specify): Name and Address of School: Circle Last Year Completed: Degree: Circle Last Year Completed: Degree: No 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				
Degree:	1	2	3	_ 4
Other (Specify): Name and Address of School: Course of Study: 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	1	2	3	7
Name and Address of School: Course of Study: Degree: Mare 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 Place				
Course of Study: Circle Last Year Completed: 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				
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				
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	1	2	3	4
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				
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				
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				
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				
Have you been convicted of a felony within the last five (5) years? Yes No If so, give case Place				
If so, give case Place				
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 w	vill be judg	ed on	its ov	<u>vn</u>
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	e known	vou f	or at	
least three years.	c imo wii .	, 0 4 1	or ac	
·				
Name Occupation				_
Address Phone Number ()				-
Name Occupation				
Address Phone Number ()				_
				-
Name Occupation				_
Address Phone Number ()				_
PERSONS TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENO	\mathbf{cv}			
I ERSONS TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENO	<u> </u>			
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 employeent, 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.				