



Owens Products, Inc.

Employment Application

An Equal Opportunity Employer

A person with a disability or handicap requiring accommodation for completing the application process should notify Human Resources as soon as possible

Filing this application does not imply that the applicant will be employed, but rather only that the applicant will be considered in competition with other applicants.

Owens Products, Inc. (hereafter "Company") is an Equal Opportunity Employer. It is the Company's policy to afford equal employment opportunity regardless of race, religion, color, national origin, sex, age, marital status, height, weight, disability, or veteran status. Michigan law requires that a person with a disability or handicap requiring accommodation for employment must notify the employer in writing within 182 days after the need is known.

PERSONAL INFORMATION:

_____ Date of Application

Name (first, middle, last)

Present Address (street, city, state, zip code)

Home Telephone or Number You Can be reached at

Business Telephone

Position Desired

Salary/Hourly Rate Desired

Date Available

1. Are you at least 18 years old? Yes No

2. Work Permit No. _____ (if under 18)

3. Have you ever been convicted of a crime (including misdemeanors)? Yes No
(A "Yes" answer to this question will may disqualify you).

Explain: _____

4. Are there any felony or misdemeanor charges pending against you? Yes No
(A "Yes" answer to this question will may disqualify you).

Explain: _____

5. Have you previously been employed by the Company? Yes No
If yes, when: _____
Under what name: _____

6. Have you submitted an application to the Company before? Yes No
If yes, when: _____
Under what name: _____

7. List any/all relatives currently employed at the Company.

Complete the following only if the position requires a driver's license:

8. Driver's License Number:

9. Has your driver's license ever been revoked, suspended, or restricted? Yes No
If yes, for what reason and for how long?

List any moving violations during the last three (3) years:

EDUCATIONAL HISTORY:

Circle last grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Name of High School: _____

GED: _____ State: _____

Schools (include trade schools) attended other than high school

Location
(City and State)

Course or Major Studied

Dates Attended

Degree

EMPLOYMENT HISTORY:

List below, beginning with the most recent, **all** present and past employment (use a separate sheet of paper if necessary)

Company Name Company Address Phone Number

Position Held/Job Title Dates of Employment

Name and Title of Immediate Supervisor

Reason for Leaving Hourly Wage/Salary

Brief Description of Duties

Company Name Company Address Phone Number

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Position Held/Job Title Dates of Employment

Name and Title of Immediate Supervisor

Reason for Leaving Hourly Wage/Salary

Brief Description of Duties

EMERGENCY CONTACT:

Name

Address

Telephone

VERIFICATION/AUTHORIZATION:

I certify that all of the information furnished on this Application is true, complete and correct. I understand and agree that any falsification, misrepresentation or omission of fact, either on this Application or during the pre-hire process, will be reason for (1) my not being offered employment, or (2) dismissal at any time from the service of **Owens Products, Inc.**, if employed.

I understand that consideration for employment at **Owens Products, Inc.**, is conditional upon a review of my qualifications, work history, references, pre-employment screening, etc. I understand that my medical evaluation may stop me from qualifying for a position and I may not be hired as a result of my medical evaluation.

I authorize **Owens Products, Inc.**, to request and obtain verification that the information given by me on this Application is true, accurate and complete. I understand that such verification may include, but may not be limited to background information pertinent to the position for which I have applied, verification of education, verification of employment history, investigation of criminal history, etc. I therefore authorize my current and all previous employers to cooperate with **Owens Products, Inc.**, and to release, on a confidential basis, any information they may have concerning me, including information in my personnel record or otherwise known to them, to **Owens Products, Inc.**, in connection with my application for employment with **Owens Products, Inc.** I specifically release from liability any current or former employer(s), its agents, representatives, employees, officers, directors, etc., for or on account of their providing/disclosing such information to **Owens Products, Inc.**

I understand and agree that my employment and compensation is for no definite period and may, regardless of the time and manner of payment of my wages and salary, be terminated at any time by me or the Company, with or without cause, and with or without any previous notice. I also understand and agree that the Company has the right to unilaterally modify and/or terminate any policies, practices, procedures and standards it has adopted or implemented, to the extent not prohibited by law. I acknowledge that neither Company employee nor representative, other than the President, has either the power or authority to enter into any agreement for employment for any specified period of time, or to make any representations or agreements contrary to any of the foregoing, unless that agreement is in writing and is signed by the President. I understand that any prior representations, promises, contracts or statements made by or on behalf of the Company are expressly superseded by the foregoing.

The Immigration Reform and Control Act of 1986 states that employers must require all persons hired to submit documents to the employer showing their identity and their right to be lawfully employed in the United States. It also requires that the employee complete and sign a government form to this effect. I understand that if hired by **Owens Products, Inc.**, I will timely furnish documents for inspection that verify my identity and that I am legally permitted to work in the United States. Furthermore, I understand that my employment will be terminated if I fail to timely provide the necessary documents.

Date

Signature

(Applicant's name – printed)



OWENS PRODUCTS, INC. DRUG AND PHYSICAL POLICY

ALL NEW HIRES ARE REQUIRED TO REPORT TO PROMPT CARE FOR A PRE-EMPLOYMENT PHYSICAL AND DRUG SCREEN. FAILURE TO PASS THIS DRUG TEST SHALL RESULT IN DENIAL OF EMPLOYMENT.