

APPLICATION FOR EMPLOYMENT

Please fill in and submit.

APPLICA	NT INFORMATION				
Name		Today's Date			
Address	[
City, State, Zip	Are you at least	Are you at least 18 years of age?			
How long have you lived here?	Are you legally	Are you legally eligible for employment in the US?			
Phone Numbers			Yes No		
Primary ()		d for			
Secondary ()					
Email	I	Desired Pay \$			
How did you learn of this opportunity? Please be spe	cific.				
☐ Employee Referral ☐ Job Board	Newspaper	O ₁	Other		
Name Name	Name	Speci	Specify		
When are you available to begin working? Do you have a Driver's License? MIL	Yes No				
Have you ever been in the Armed Forces?	Yes No				
Specialty Date	Entered	Discharge Da	te		
EDUCATIO	NAL BACKGROUN	D			
SCHOOL NAME & LOCATION (City, State)	NUMBER OF YEARS ATTENDED	MAJOR SUBJECTS	DIPLOMA/DEGREE		
High School			Yes No		
College			Yes No		
Graduate			Yes No		
Other (Specify)			Yes No		

			WORK E	EXPERIENCE	
Employer Address City, State, Zip Phone May We Contact	(☐ No	_ Dates of Employment _ From Starting Pay \$	To Ending Pay \$
Reason for Leav List the jobs you	5		ed, skills used or lea	arned, advancements or promc	otions.
Employer Address City, State, Zip Phone				_ Dates of Employment _ From Starting Pay \$	_ To
May We Contact Reason for Leav List the jobs you	/ing _	Yes duties performe	☐ No ed, skills used or lea	arned, advancements or promo	otions.
Employer Address				_ Supervisor _ Dates of Employment	
City, State, Zip Phone May We Contac Reason for Leav) Yes	☐ No	_ From _ Starting Pay \$ Job Title	To Ending Pay \$
List the jobs you	u held,	duties performe	ed, skills used or lea	arned, advancements or promo	otions.

	WORK EX	PERIENCE		
Employer		Supervisor		
Address		Dates of Employment		
City, State, Zip		From	To	
Phone ()	Starting Pay \$	Ending Pay \$	
May We Contact	Yes No	Job Title		
Reason for Leaving _				
List the jobs you held,	duties performed, skills used or learn	ed, advancements or promotic	ons.	
	REFER	ENCES		
Please list two reference	ces other than relatives or previous er	mployers.		
Name		ı Name		
Position		Position		
Company		Company		
Address		Address		
Telephone ()	Telephone (<u>)</u>		
	ometimes makes it difficult for an indi o summarize any additional informati			
	Did you complete this application	n yourself?	No	
	If not, who did?			

PLEASE READ CAREFULLY BEFORE SIGNING THIS FORM

APPLICATION FORM WAIVER

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application. I authorize pertinent companies, schools, agencies, municipalities or persons to give to Paget Equipment Company any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Paget Equipment Company.

I understand Paget Equipment Company may request a signed Consent Form for Background Check at a later date should I be considered for an interview for the purposes of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand upon receiving a job offer, a drug screening will be required. Employment is contingent upon drug results being negative. I consent to such testing as a condition of my employment. Regardless of whether or not I become employed by the company, I recognize this application is not and should not be considered a contract of employment. I understand employment at Paget Equipment Company is on an at-will basis and my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract.

I further understand no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document. This application is current for only 90 days and is only effective for the position applied for. At the conclusion of the 90 days, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is the policy of Paget Equipment Company not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signature of applicant*		Date	
	_		
Thank you for your interest in Paget Equipment Company.			

^{*} Signature will be required upon interview, if held.