



### Employment History *(Continued)*

Next Position	Dates Employed
Company	Supervisor
Address <i>Street City State Zip</i>	
Duties:	
Reason for Leaving	
Starting Annual Salary	Ending Annual Salary
May we contact your former employer?	Phone Number <i>(Include area code)</i>

### Education Information

High School/GED	GPA		
Address <i>Street City State Zip</i>			
College	Degree	Major	GPA
Address <i>Street City State Zip</i>			
Graduate School	Degree	Major	GPA
Address <i>Street City State Zip</i>			

### Special Skills

Skills	Factory		Office	
	Type	# Years	Skills	
Blueprint/CAD			Computer Software (list all software and operating systems you are proficient using):	
Assembly				
Machine Tools				
Gauges			Typing WPM: _____	
Fork Lift Certified?			Phone Skills: Single line _____ Multiple lines _____	
			Spreadsheet developing: Yes ___ No ___	
			Filing: Yes ___ No ___	
Other:			10-key calculator: Yes ___ No ___	
			Other:	

**References** *(List three character, professional or business references. No relatives please.)*

Name & Address	Phone	Title/Organization

**How did you hear about this position?**

<p><input type="checkbox"/> Ad, Local Newspaper (ALN) <input type="checkbox"/> Ad, Regional Newspaper (ARN) <input type="checkbox"/> Employee Referral (ER) Name: _____ <input type="checkbox"/> High School/Trade School/College (HS) <input type="checkbox"/> Internet (INT) <input type="checkbox"/> Job Fair/Career Conference (JF) <input type="checkbox"/> Public Job Placement Service (PJS) <input type="checkbox"/> Temporary Help Service (THS) <input type="checkbox"/> US Employment Service (US) <input type="checkbox"/> Walk-In Applicant (WI) <input type="checkbox"/> Other _____</p>
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**PLEASE READ THE FOLLOWING STATEMENT CAREFULLY.**

I hereby give TEAM Industries, Inc., the right to make a thorough investigation of my past employment, education, and activities and I release from all liability all persons, companies, and corporations supplying such information. I release TEAM Industries, Inc. from any liability that might result from making such an investigation. I understand that any false answers or statements or implications made by me in this application or other documents shall be considered sufficient cause for denial of employment or discharge.

I understand that I will have to successfully pass a pre-employment drug and alcohol screen and may have to complete a pre-employment physical screen.

Additionally, I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between TEAM Industries, Inc. and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon TEAM Industries, Inc. unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that TEAM Industries, Inc. retains a similar right.

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_



**Pre-Employment Testing Policy**

<b>Name:</b>	<b>Social Security Number:</b>
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It is the policy of the Company to create a drug free workplace. The use of controlled substances or alcohol or the misuse of other drugs is inconsistent with the behavior expected of employees, subjects employees and visitors to our facilities to unacceptable safety risks, and undermines the Company's ability to operate effectively and efficiently.

The Company requires that employees report to work free of alcohol and illegal drugs.

Additionally, the unlawful manufacture, distribution, dispensation, solicitation, possession, sale, transfer or use of a controlled substance or alcohol, or the misuse of other drugs while on the company's premises, including the Company's parking lots or while operating the Company's machinery, equipment or vehicles, or while engaged in Company business off premises are strictly prohibited. Whenever appropriate, illegal substances found on Company premises, including Company parking lots, machinery, equipment or vehicles will be turned over to the local law enforcement agency for further investigation and follow up, including criminal prosecution.

Employees working on the production floor and anyone driving a motorized vehicle must report to their supervisor or the Human Resources Department when they are taking any prescription or over-the-counter medication if the medication is known to cause an adverse side effect that could interfere with the employees' ability to safely perform their job (e.g. motor ability, judgment, reflexes, etc.) A "safety sensitive position" means a job in which the adverse side effect caused by the prescription or over-the-counter medication would threaten the health and safety of any person.

All employees are responsible for reading and understand this policy. Employees are also responsible for directing questions about this policy or its administration to the Human Resources Department.

**Failure to comply with any part of this policy may result in discipline up to and including termination.**

**\*THIS POLICY IS NOT INTENDED AS AN OFFER OF EMPLOYMENT AND DOES NOT CONSITUTE A CONTRACT BETWEEN THE COMPANY AND ANY EMPLOYEE.**

I hereby acknowledge and understand that TEAM Industries, Inc. has adopted a Drug and Alcohol Testing Policy that prohibits the unlawful manufacture, distribution, dispensation, solicitation, possession, sale, transfer or use of a controlled substance or alcohol or the misuse of another drug while on the Company premises, including the Company parking lots or while operating the Company machinery, equipment or vehicles, or while engaged in the Company business off premises. I understand that the Policy further requires that employees report to work free of alcohol and illegal drugs.

I acknowledge that I have received a copy of the Policy and have read and understand the Policy I understand that failure to comply with any part of the Policy may result in the withdrawal of my conditional job offer, if I am a job applicant, and in discipline up to and including termination, if I am an employee.

I further acknowledge and understand that, at the time of drug and/or alcohol testing is performed the Company will require that I sign a consent and release form and that I may be required to sign a consent and release of information form at the medical facility where I provide the blood and/or urine specimen for the drug and/or alcohol test.

<b>Signature:</b>	<b>Date:</b>
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