Clinco Industries, Inc. EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

Name: SS#:	Date:	Home Phone:_			_	Position	n(s) Desir	ed:	1
Address:		Mobile Phone:		·					2
Address: Cheeco C	Name:						SS#:		'a
Previous: Carrent Carr	Address:	(First)				-		of time :	
May we contact you at work?			(City)	(State)	(Zip Code)		Ū		
Name Of Referral Source:			(City)	(State)	(Zip Code)	_	Length	of time :	at address:
How were you referred to us?	May we contact you a	t work?	No		Yes,	Work #			
Available to work:	How were you referre	d to us?							
Can begin work on: with the following scheduling limitations:	Available to work:	Full Time	Par	t Time					•
Have you ever been employed by Clinco Industries, Inc.? No Yes, When	Pay desired:				Minim	um accep	table sala	ary:	
Have you ever been employed by Clinco Industries, Inc.? No Yes, When	Can begin work on:		_		with th	e followi	ng schedu	iling lin	nitations:
Reason for leaving? Position(s) held? Are you lawfully eligible to be employed in the United States: No Yes Have you ever filed an application here before? No Yes, When Do you have any relatives that work for Clinco Industries, Inc.? No Yes (Name) (Position) (Location) (Relative you ever been convicted of a felony/misdemeanor? No Yes If yes, please give details indicating: dates, nature, and place of the offense and the current status. A conviction will necessarily disqualify you from the job for which you are applying. Have you ever been asked to resign or been terminated from any job? No Yes, if yes, please During the past year, were you ever subject to disciplinary action such as verbal or written warning(s), or suspensiplease explain. EDUCATION: High School: Name and Location:	Have you ever been en	nployed by Clinco	Industric	es, Inc.?					
Have you ever filed an application here before? No Yes, When	Reason for leaving?			····					
Have you ever filed an application here before? No Yes, When	Position(s) held?					Superv	isor(s)?		
Do you have any relatives that work for Clinco Industries, Inc.? No Yes (Name) (Position) (Location) (Relative you ever been convicted of a felony/misdemeanor? No Yes If yes, please give details indicating: dates, nature, and place of the offense and the current status. A conviction will necessarily disqualify you from the job for which you are applying. Have you ever been asked to resign or been terminated from any job? No Yes, if yes, please During the past year, were you ever subject to disciplinary action such as verbal or written warning(s), or suspensiplease explain. EDUCATION: High School: Name and Location:	Are you lawfully eligib	ole to be employed	in the Ur	nited Sta	tes:				
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Have you ever been asked to resign or been terminated from any job? No Yes, if yes, please	Have you ever been co	nvicted of a felony	/misdem	eanor?	No		Yes		
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EDUCATION: High School: Name and Location:	Have you ever been as	ked to resign or be	en termi	nated fro	om any je	b?	No		Yes, if yes, please explain.
High School: Name and Location:	During the past year, when the please explain	were you ever subj	ect to dis	ciplinar	y action s	uch as v	erbal or w	vritten v	warning(s), or suspension? If yes
Name and Location:	EDUCATION:								
		e and Location:							
COMMUNICATION AND SHEETING THE FILES CONTENT. IE5\99JHG7QQ\Clinco Job Application.docx									

	Name and Location:
	Degree: Graduated: No Yes
	Name and Location:
	Degree: Graduated: No Yes
OFF	CE SKILLS:
	Typing/Keyboarding: No Yes, Words per minute:
	Calculators: No Yes
	Software: Please indicate any office software skill you have acquired through training and/or experience;
<u>OPE</u>	ATING SYSTEMS:
	Please identify any computer operating systems you are familiar with or have used.
<u>PRE</u>	Please tell us about any skills, training, experience, or other information we should know qualify you for the position(s) for which you are applying. IOUS EMPLOYMENT
	Name and Address of Current or Last Employer
	Dates of Employment
	Description of Work
	May We Contact this Employer?
	Name and Address of Prior Employer
	Job Title Description of Work
	May We Contact this Employer?
	If Yes, Who should we contact?
	Name and Address of Prior Employer
	Description of Work
	May We Contact this Employer?
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NAL REFERENCES
RIZATION AND STATEMENT OF TRUTHFULNESS at all of the information I have provided is true and complete. I understand that any false information, omisentations may result in Clinco Industries, Inc. declining to employ me, or, if I am employed, my employment ed. I agree that if I am employed, I will comply with Clinco Industries, Inc. employment policies and guidely aderstand that Clinco employees are employees "at will", which means that either I or the Clinco can terminent relationship at any time, for any reason or no reason at all, with or without notice. I also understand that terms of my employment can be changed by the Clinco at any time, with or without notice. I also understand that terms of my employment can be changed by the Clinco at any time, with or without notice. I also understand the contracts, Inc. does not enter into employment contracts unless it is plainly captioned "Employment Agree I by the Manager of Clinco Industries, Inc. and the employee. No other Clinco employee has the authority in writing enter into any employment contract on behalf of Clinco Industries, Inc"
Signature:

AUTHORIZATION/RELEASE FOR BACKGROUND INVESTIGATION

I authorize Clinco Industries, Inc. (the "Clinco") and/or its agents to make an investigation of my background, references, character, credit history, past employment, education, criminal and police records, and to make other investigative checks, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application, resume, or other documentation and/or obtaining other information which may be material to my application for employment or continued employment with the Clinco.

I release the Clinco and/or its agents, and any person or entity which provides information pursuant to this authorization, from any and all liabilities, claims, or lawsuits in regards to the information obtained from any and all of the above referenced sources used. I understand that the Clinco and/or its agents will adhere to any applicable state and federal statutes concerning the securing, handling and release of such information.

I certify that all of the statements I have made and all the information I have provided to the Clinco are true, including the information on this form, and agree that any false information, misrepresentation or omission of facts may result in cancellation of my application and/or immediate dismissal.							
Signature		Date					
All Ite	ms Below Must Be (Completed By Appl	licant				
Print First Name	Middle P	Last Name					
Maiden Name and/or any Other	er Names Used						
Present Address	City	State	Zip				
Former Address	City	State	Zip				
Date of Birth		Social Security	Number				
Drivers License Number		State Issuing Dr	State Issuing Drivers License				