

APPLICATION FOR EMPLOYMENT

Jowat Corporation
 PO Box 1368
 High Point, NC 27261
 Phone: 336-434-9000
 Website: www.jowat.com



EQUAL OPPORTUNITY EMPLOYER: *It is the policy of our Company to afford equal employment opportunity to all qualified applicants without regard to race, color, creed, national origin, age, sex, religion or handicap, and to conform to applicable employment laws and regulations.*

POSITION APPLYING FOR:

PERSONAL DATA: (Please Print)

Last Name: _____ First Name: _____ MI: _____
 SS#: _____

Present Address : (Street, City, State, Zip Code)	Telephone #: ()	Are you over 18 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you able to work: Overtime? Yes <input type="checkbox"/> No <input type="checkbox"/> Weekends? Yes <input type="checkbox"/> No <input type="checkbox"/> Holidays? Yes <input type="checkbox"/> No <input type="checkbox"/>	Shifts you can work: 12hr. Day Shift <input type="checkbox"/> 12hr. Night Shift <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>	Earliest date available to begin work? _____
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Are you legally employable within the United States at the present time? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you able to perform the job functions of the position for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/>
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WORK EXPERIENCE: Account for all employment since high school or the last ten years, whichever is less. List most recent employment first.

From Mo/Yr	To Mo/Yr	Employer Name, Address, Tel. #	Job Title	Wages Begin/End	Reason for Leaving

Account for all unemployment since leaving school and between positions for the past ten years.

From Mo/Yr	To Mo/Yr	State what you were doing and why	Persons other than relatives who can confirm unemployment. (Give Tel. #)

EDUCATION	School Name & Address	Course of Study	No. of Years Attended	Graduate?
High School				
Trade or Technical School				

College or University			
Graduate School			

MILITARY SERVICE:

Branch: _____ From: _____ To: _____ Currently Active? Yes _____ No _____	Did your military experience have any relationship to the position for which you have applied?
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PERSONAL REFERENCES:

Provide three references that have known you for at least five (5) years.

Name & Address:	Telephone Number	Relationship

Please list any additional special skills, technical or professional knowledge, use of machines or equipment you may have that would support your application.	List any licenses, certificates or professional achievements that would support your application.
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NOTICE TO ALL APPLICANTS

Our company is committed to providing a safe workplace and establishment of programs promoting high standards of employee health and safety. Consistent with these commitments, we maintain a comprehensive policy with respect to alcohol and drug use and criminal background records. Our application process includes substance abuse detection methods and criminal background checks. In addition, the Company reserves the right to periodically test all employees for drugs. We are a drug-free facility, and we intend to remain that way. Applicants who do not meet our requirements need not apply. We believe that our substance abuse policy will enable us to maintain a working environment free from the detrimental effects of alcohol and drug abuse.

READ CAREFULLY BEFORE SIGNING

I certify that the information I have provided to the foregoing questions is true and correct, and that no attempt has been made to conceal pertinent information. I authorize my former employers, schools, legal authorities and personal references to provide any information they may have regarding me, whether or not it is on their records. I hereby release all record and information providers from all liability for divulging same. I understand that all statements made are open to investigation by the employer, and that if any information given by me in this application is found to be false or misleading,	I will be subject to immediate dismissal at any time during the period of my employment, and I agree to hold the employer and persons named herein blameless in that event. If employment is obtained under this application, I agree to comply with all rules and regulations of the Company. I agree to be responsible for Company property and equipment issued to me by the Company until returned by me, and to pay for property and equipment not returned. I agree to submit to	physical examination as required by the employer. I understand and agree that my employment is "at will", for no definite period of time and may, regardless of the date of payment of any salary or wage, be terminated at any time for any reason, and that no representative of the employer has any authority to make any contrary agreement.
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SIGNATURE OF APPLICANT

DATE