

APPLICATION FOR EMPLOYMENT

ALL POTENTIAL EMPLOYEES ARE EVALUATED WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED HANDICAP OR ANY OTHER LEGALLY PROTECTED STATUS.

Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Other Phone _____

Email Address: _____ Social Security Number: _____

Position Sought: _____

How did you learn about the position? _____

On what date would you be available for work? _____ Desired Wage/Salary \$ _____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No If yes, please describe circumstances: _____

Have you ever been involuntarily terminated or asked to resign from any position of employment? ☐ Yes ☐ No
If yes, please describe circumstances: _____

If selected for employment, are you willing to submit to a pre-employment drug screening test? ☐ Yes ☐ No

Do you have any physical limitations that preclude you from performing any work for which you are being considered? ☐ Yes ☐ No

If yes, please describe: _____

EDUCATION				
School Name	Location	Dates Attended	Degree / Certificate	Area of Study

Other training, certifications, or licenses held: _____

List other information pertinent to the employment you are seeking: _____

EMPLOYMENT

(Most Recent First.)

1. Employer _____ Job Title _____

Dates Employed _____ Prior Position Held within Company (if any): _____

Address _____ City _____ State _____ Zip _____

Phone _____ Job Title _____ Supervisor _____

Starting Salary _____ Ending Salary _____

Duties Performed _____

Reason for Leaving _____

2. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

3. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

4. Employer _____ Job Title _____
Dates Employed _____ Prior Position Held within Company (if any): _____
Address _____ City _____ State _____ Zip _____
Phone _____ Job Title _____ Supervisor _____
Starting Salary _____ Ending Salary _____
Duties Performed _____
Reason for Leaving _____

ACKNOWLEDGMENT AND AUTHORIZATION

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Drug and Alcohol Test Results, Treatment Records
And Refusal to Test History

Responses to Questions
Required by 49 CFR Part 40.25

APPLICANT: Please circle yes or no on the side of this form in response to the following questions as required by 49 CFR Part 40.25.

Have you in the last two years:

1. Had any DOT required alcohol tests with a result of 0.04 or higher concentration? yes no
2. Had any verified positive DOT required drug tests? yes no
3. Refused to be tested (including having a verified adulterated or substituted sample)? yes no
4. Had any other violation of DOT agency drug or alcohol testing regulations? yes no
5. If you violated a DOT drug and/or alcohol regulation, did you successfully complete DOT return-to-duty requirements (including follow-up tests)? yes no n/a

In the past two years:

Were there any situations in which you tested positive on a pre-employment test for a DOT employer that did not hire you? yes no

Were there any situations in which you refused to submit (including positives by adulteration or substitution) to a pre-employment test for a DOT employer that did not hire you? yes no

I certify that my responses to the above questions are true:

Applicant's signature: _____ Date: _____

Printed Name: _____

Suggested Format: "Release of Information Form -- 49 CFR Part 40 Drug and Alcohol Testing"

Section I. To be completed by the new employer, signed by the employee, and transmitted to the previous employer:

Employee Printed or Typed Name: _____

Employee SS or ID Number: _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee Signature: _____ Date: _____

I-A.

New Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Designated Employer Representative: _____

I-B.

Previous Employer Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|---------------------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ____ NO ____ |
| 2. Did the employee have verified positive drug tests? | YES ____ NO ____ |
| 3. Did the employee refuse to be tested? | YES ____ NO ____ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ____ NO ____ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ____ NO ____ |
| 6. If you answered "yes" to any of the above items, did the employee complete the return-to-duty process? | N/A ____ YES ____ NO ____ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

Applicant Notice and Acknowledgement of Required Background Check

Part 1: Notice

As part of the application process, please be advised that **Polycraft Products Inc.** utilizes a third-party provider, **ODACS**, to conduct national criminal background checks on all applicants. This is a required component of our internal security program, which is designed to protect our company, employees, and customers from potential cybersecurity and safety risks.

To complete the background check, ODACS will request your personal contact information and formal consent. The background check will review your criminal history, if any, on a national level.

Please note that participation in the background check is voluntary. However, declining to provide consent will result in the termination of your application process with Polycraft Products Inc. Information obtained through the background check will be treated as confidential and will only be used in connection with your application and hiring evaluation.

Part 2: Acknowledgement

I acknowledge that I have received and read the above notice regarding Polycraft Products Inc.'s required background check as part of the employment application process.

By signing below, I agree to:

- Cooperate fully with ODACS and provide any required information.
- Allow ODACS to conduct a national criminal background check.
- Understand that my application will not be considered complete until the background check results are received and reviewed by Human Resources.

I understand that the results of the background check will be maintained in a secure, separate location and will not be part of my employee personnel file, should I be hired.

Applicant Signature: _____

Printed Name: _____

Date: _____

Witness Signature: _____