

# **Employment Application**

Application must be legibly prepared and all questions must be answered or marked "N/A" if not applicable. Deliberate falsification will result in withdrawal of any offer of employment, or immediate termination if hired.

Personal I	Data				Date		
Name Present	Last		First	Ν	Aiddle		
Address Permanent Address	Number Number	Street	City & State	Zip Code Zip Code	Phone Phone	Area Code Area Code	Number
will not neces	ver been convict sarily bar you fi	rom employment	ler civil or military lav because factors such a taken into account. P	s date and the seriou	isness and natu	re of the felon	y as well as
Are you legall	y eligible to be	employed and cor	HR Representative to e	ent in the United Sta			No
Name			s section should not	-	22	~	s been mad
Job Intere Briefly descr		First Choice f work you envis	ion in your first cho	Second Choice		Third Choice	
Willing to T If you are not s this application	ravel% elected during th 1, it is your respon	e current employme nsibility to recontact	Geographical P thly Salary ent effort and wish to be t General Carbide, in wr ngs unless a new applicat	considered for future iting, prior to expiration	te Available fo positions, within on of that period	or work	nths of filing

#### VERIFICATION OF EMPLOYMENT AND EDUCATION IS A CONDITION OF EMPLOYMENT

It is the policy of General Carbide to employ, promote and otherwise relate to all employees and applicants for employment on the basis of individual merit, personal capabilities and performance without regard to race, color, religion, national origin, sex, or age. This policy extends also to qualified handicapped persons, disabled veterans of the Vietnam era, including the making of reasonable accommodations to the limitations of such a person.

#### AN EQUAL OPPORTUNITY EMPLOYER - M/F/H/V

School	1. Name of School	Attended		Circle Year	Degree, Major and	Grade Pt.
	2. City, State	From (Mo-Yr)	To (Mo-Yr)	Completed	Date received	Avg. of Possible
High	1	(10-11)	(1010-11)	0 10 11 12		or Possible
	1.	-		9 10 11 12		
College	2.					
Conege	1.	4		1 2 3 4		
	2.					
College	1.			1 2 3 4		
	2.					
Graduate	1.			1 2 3 4		
	2.	]				
Other	1.					
	2.	1				
List members	Expenses: Working to further your education? hips or offices held in comm onal origin, sex, age, handica	( ) Yes unity, social an	( ) No d/or professio	nal organizations other		
List personal i	interests and hobbies that are	e relevant to the	e job for whic	h you are applying		
List titles of a	ny published articles, includ	ing thesis or dis	sertations, and	d patents granted		
List business i	machines you can operate an	d years of expe	rience on each	n (e.g., typewriter, calcu	lator, etc.)	
List any skills	or specialized training which	n might be ben	eficial on the	job for which you are ap	pplying	
Your Typing S	Speed WPM	Your Shorth	and Speed	WPM		

## United States Military Experience

Branch of U.S. Service	Date Entered	Date Discharged	Final Rank
Service or Special Experience			

If referred by a current employee, please list name		·
What interested you in General Carbide?		
Have you ever worked for General Carbide? ( ) Yes	( ) No If yes, state	e location, job title, and dates
Location	Title	Date From-To
Have you, in the last ten (10) years, been given any di resign. Your explanation will not necessarily bar you fr of the infraction as well as your work record since, wil	rom employment becau	

## **Employment Record**

### References to resumes are not acceptable

(List all previous employers beginning with present or last employer)

Name of employer Address	Name of last supervisor	Employment Dates	Pay or salary		
City, State, Zip Code Phone Number		From	Start		
Phone Number		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or	promotions while you we	orked at this company.			
May we contact? yes no					
Name of employer Address	Name of last supervisor	Employment Dates	Pay or salary		
City, State, Zip Code Phone Number		From	Start		
Those Number		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or	promotions while you we	orked at this company.			
May we contact? yes no					
Name of employer Address	Name of last supervisor	Employment Dates	Pay or salary		
City, State, Zip Code Phone Number		From	Start		
Phone Number		То	Final		
	Your last job title				
Reason for leaving (be specific)					
List the jobs you held, duties performed, skills used or learned, advancements or	promotions while you we	orked at this company.			
	- ,	1 /			

May we contact? \_\_\_\_\_ yes \_\_\_\_\_ no

#### List three (3) references who are AQUAINTED WITH YOUR ACADEMIC PREPARATION OR BUSINESS EXPERIENCE

Name	Address	Occupation	Years Known
Name	Address	Occupation	Years Known
Name	Address	Occupation	Years Known

#### <u>Read the following carefully before signing this application for employment.</u> To: General Carbide

I authorize investigation of all matters contained in this application. I agree that if, in your judgement, any misrepresentation including omissions of any requested information have been made by me or the result of your investigation are not satisfactory, any offer of employment made by you may be withdrawn or, if employed by you, my employment by you may be terminated immediately without any obligation to me other than payment, at the rate agreed upon, for services actually rendered to you.

I consent to a physical examination by a physician designated by you and, if employed by you, agree to resubmit to each future examination you may require. I further agree to comply with company rules and regulations.

If employed by you, and in consideration of such employment and the compensation paid for my services, I will treat your sole benefit, and fully and promptly disclose and assign to you without additional compensation, all ideas, discoveries, inventions and improvements (patentable or not) which, while I am so employed and during one year immediately thereafter, are made, conceived or reduced practice by me, alone or with others, during or after usual working hours either on or off my job, and which are related to articles, machinery or methods made, used or sold by you or related to your business interests or which result from tasks to assigned to me by you.

I agree, at your expense, at any time during or after such employment by you, to sign all papers and do such acts and things as you deem necessary or desirable and may reasonably require of me to protect your rights such as ideas, discoveries, inventions, and improvements, including applying for, obtaining and enforcing patents in any and all countries.

During and after such employment by you, I will not divulge or appropriate to my own use or to the use of others, except as you authorize or direct, any trade secrets or confidential information obtained or received by me during such employment by you.

#### (Notice to Prospective Employees)

Public law requires that we advise you that as a part of our procedure for processing your application an investigative report may be made where by information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom you are aquainted.

This inquiry includes information as to your character, general reputation, personal characteristics, and mode of living, whichever may be applicable. You have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of the investigation.

Signature of Applicant

#### This section below not to be completed until after hiring decision has been made.

### Handicapped and Veteran Status

If you qualify as handicapped, a disabled veteran and/or a veteran of the Vietnam era, and if you would like to be listed for purposes of our Affirmative Action Program, please so indicate. This information is voluntary and refusal to provide it will not subject you to adverse treatment. Any information you may provide will be kept confidential except to the extent it is necessary to reveal it as a result of some accommodation afforded you because of your handicap.

Handicapped: Yes \_\_\_\_\_ No \_\_\_\_

Disabled	Veteran:	Yes	No	
- when we	. CCCLELLS	100	110	

("Disabled veteran" means a person entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at thirty percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.)

Veteran of Vietnam era: Yes \_\_\_\_\_ No \_\_\_\_\_

Date