

STOP! Before going any further...

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3. When finished, save it with updated information
4. Email the completed form to khepfl@clarionbathware.com

Clarion

APPLICATION FOR EMPLOYMENT

CLARION BATHWARE
16273 ROUTE 208
MARBLE, PA 16334
Phone: 814-782-3016 Fax: 814-782-3434

| | | | | |
|--------------------------------------|--|------------|-------------|--|
| P E R S O N A L | LAST NAME | FIRST NAME | MIDDLE NAME | DATE |
| | STREET ADDRESS | | | HOME TELEPHONE () |
| | CITY, STATE, ZIP | | | CELL PHONE () |
| | HAVE YOU EVER APPLIED FOR EMPLOYMENT WITH US? YES NO IF YES, WHEN _____ LOCATION _____ | | | BUSINESS TELEPHONE () |
| | WHAT SHIFT CAN YOU WORK? 1 ST 2 ND 3 RD ANY | | | POSITION DESIRED: |
| | APART FROM ABSENCE FOR RELIGIOUS OBSERVATION, ARE YOU AVAILABLE FOR FULL TIME WORK? YES NO | | | WILL YOU WORK OVERTIME IF ASKED? YES NO |
| | DO YOU HAVE RELIABLE TRANSPORTATION? YES NO | | | WHEN WILL YOU BE AVAILABLE FOR WORK? |
| | ARE YOU A CITIZEN OF THE UNITED STATES? YES NO | | | IF NO, ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? YES NO |
| | HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO | | | IF YES, WHEN? |
| | OTHER SPECIAL TRAINING OR SKILLS (LANGUAGES, MACHINE OPERATION, ETC.) | | | |

| | | | | | |
|---|----------------------------------|-----------------------------|-----------------|----------|-----------------------------------|
| E D U C A T I O N | SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | ATTENDED | DID YOU GRADUATE? WHAT DEGREE? |
| | HIGH SCHOOL | | | | |
| | COLLEGE | | | | |
| | BUSINESS/ TRADE/ TECHNICAL | | | | |

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

| EMPLOYMENT | | <u>Please give accurate and complete full time and part time employment records. Start with your present or most recent employer.</u> | |
|--|--|---|--|
| 1 | COMPANY NAME | TELEPHONE () | |
| | ADDRESS | EMPLOYED FROM TO | |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST | |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING | |
| 2 | COMPANY NAME | TELEPHONE () | |
| | ADDRESS | EMPLOYED FROM TO | |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST | |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING | |
| 3 | COMPANY NAME | TELEPHONE () | |
| | ADDRESS | EMPLOYED FROM TO | |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST | |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING | |
| 4 | COMPANY NAME | TELEPHONE () | |
| | ADDRESS | EMPLOYED FROM TO | |
| | NAME OF SUPERVISOR | WEEKLY PAY START LAST | |
| | STATE JOB TITLE AND DESCRIBE YOUR WORK | REASON FOR LEAVING | |
| We may contact the employers listed above unless you indicate those you do not want us to contact. | | DO NOT CONTACT | |
| | | EMPLOYER NUMBER(S): _____ | |
| | | REASON: _____ | |
| MILITARY | | DID YOU SERVE IN THE US ARMED FORCES? YES NO IF YES, WHICH BRANCH? | |
| | | RANK AT DISCHARGE IF OTHER THAN HONORABLE DISCHARGE, EXPLAIN | |

| LIST OF PROFESSIONAL REFERENCES | |
|--|---|
| 1 | Name _____ Telephone () _____ Address _____ How long have you known this person? _____ What is their relationship to you? _____ |
| 2 | Name _____ Telephone () _____ Address _____ How long have you known this person? _____ What is their relationship to you? _____ |
| 3 | Name _____ Telephone () _____ Address _____ How long have you known this person? _____ What is their relationship to you? _____ |

Do you know anyone who has worked, or is currently working, at Clarion Bathware? YES NO

If yes, who? _____

Clarion Bathware promotes a drug free work environment. All employment offers are contingent upon a negative drug test and receiving approval from the medical review to wear a respirator. **Drug testing is at the applicant's expense.** Clarion Bathware will reimburse the employee after successfully completing the training period.

My signature indicates that the information on this application is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment creates no obligation upon you, the employer, to continue to employ me in the future. If you engage an investigative consumer reporting agency to report my credit history and/or employment history I authorize you to do so and to, at my request, provide me with that agency's name and results. I authorize all previous employers to release my employment history as documented in my personal file and agree to hold them harmless from liability.

DATE: _____

SIGNATURE: _____