

Application for Employment

Beaton Industrial, Inc
 6083 Trenton Road
 Utica, NY 13502
 Ph. 315-797-9346, Fax. 315-797-9321
 1-800-724-4052, E-MAIL: Todd@beatonindustrial.com

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 as defined by federal, state or local law.

Please print legibly. Answer all questions on the application completely and accurately.

| | |
|-------------------------|----------------------|
| Position(s) applied for | Date of Application: |
|-------------------------|----------------------|

How did you learn about us?

- Advertisement Walk In Friend _____
 Employment Agency Relative _____ Other _____

| | | |
|---------------------|------------------------------------|-------------|
| Last Name | First Name | Middle Name |
| Address Number | Street | City |
| | | State |
| | | Zip Code |
| Telephone Number(s) | Social Security Number (Voluntary) | |

- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Have you ever filed an application with us before? Yes No If Yes, give date: _____
- Have you ever been employed with us before? Yes No If Yes, give date: _____
- Are you currently employed? Yes No
- If you are employed, may we contact your current employer? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
- Proof of citizenship or immigration status will be required upon employment.
- Do you have a clean driving record ? Yes No
- Have you ever had a D.W.I. - D.U.I. ? Yes No

On what date would you be available for work? _____

- Are you able to work (circle all that apply): Full Time Part Time Shift Work Temporary
- Are you currently on "lay-off " and subject for recall? Yes No
- Can you travel if a job requires it? Yes No
- Have you ever been convicted of a felony? Yes No

if yes, please explain _____

| EDUCATION | | | | |
|---|-------------|--------------|---------------------|------------------------|
| | HIGH SCHOOL | TRADE SCHOOL | COLLEGE/ UNIVERSITY | GRADUATE/ PROFESSIONAL |
| NAME/ADDRESS OF SCHOOL | | | | |
| YEARS COMPLETED Please circle one per section | 9 10 11 12 | 1 2 3 | 1 2 3 4 | 1 2 3 4 |
| DIPLOMA OR DEGREE RECEIVED | | | | |
| DESCRIBE COURSE OF STUDY | | | | |

Additional Information

Other Qualifications

Summarize special job-related skills and qualifications acquired from previous employment or other experiences:

Specialized Skills

CRT

PC

Calculator

Check skills / equipment operated

FAX

Lotus 1-2-3

Typing

PBX System

Word Processing

Data Entry

List any Production or other types of Machinery, Equipment, etc. you are experienced with:

References (Business and Professional References only)

1

Name

Phone#

2

Name

Phone#

3

Name

Phone#

MILITARY SERVICE

Are you a veteran of the U.S. Military Service? Yes No

If yes, what Branch? _____

Please describe any job-related training received in the U.S. Military: _____

Availability for Work

Please circle all that apply regarding your availability to work:

Shift: 1st 2nd 3rd Rotating if Required

Days of Week: Mon Tues Wed Thurs Fri Sat Sun

Employment Experience

Be sure to complete all information.

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | |
|---|--------------------|------------|----------------------|---------------------------------|
| 1 | Employer | | | Type of Work Performed / Duties |
| | Address | From | To | |
| | Telephone Number | | | |
| | Job Title | Supervisor | Hourly Rate / Salary | |
| | Reason for Leaving | | | |
| 2 | Employer | | | Type of Work Performed / Duties |
| | Address | From | TO | |
| | Telephone Number | | | |
| | Job Title | Supervisor | Hourly Rate / Salary | |
| | Reason for Leaving | | | |
| 3 | Employer | | | Type of Work Performed / Duties |
| | Address | From | TO | |
| | Telephone Number | | | |
| | Job Title | Supervisor | Hourly Rate / Salary | |
| | Reason for Leaving | | | |
| 4 | Employer | | | Type of Work Performed / Duties |
| | Address | From | TO | |
| | Telephone Number | | | |
| | Job Title | Supervisor | Hourly Rate / Salary | |
| | Reason for Leaving | | | |

List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

| |
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Note to Applicants: **DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.**

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

ATTENDANCE AND PUNCTUALITY INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?

YES NO

If Yes, please explain _____

Applicant's Statement

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.

As Beaton Industrial maintains a firm commitment to provide a **drug free and safe working environment** for its employees. All offers of employment are contingent upon a satisfactory pre-employment substance screening.

I hereby authorize you to furnish Beaton Industrial with all the information requested concerning me, and I hereby release you, your organization, and Beaton Industrial from all liability for any damage whatsoever arising there from.

PRESENT SIGNATURE

DATE

NAME FORMERLY KNOWN BY

DATE

JOB MATCHING QUESTIONNAIRE

WELCOME TO OUR COMPANY!

To enable us to provide you with the best service possible, we need you to complete this form. We will do our best to provide you with assignments that fit your skills and abilities.

JOB/ASSIGNMENT FUNCTIONS AND RESPONSIBILITIES

Positions available through our company require the ability to perform certain physical functions. Please review the list of job functions/duties below and indicate your preferences as instructed. We may be obligated to provide a reasonable accommodation for you if you are a qualified disabled individual. We may request that documentation or other verification of the need for an accommodation accompany your request for the accommodation.

YOU MUST COMPLETE BOTH SIDES OF THIS FORM TO THE BEST OF YOUR ABILITY IN ORDER TO BE CONSIDERED FOR POSITIONS THROUGH OUR COMPANY.

PART 1:

Place an X by the MAXIMUM (most) amount you would be willing to lift/carry on the job:

- | | | | |
|-------|-------------|-------|--------|
| _____ | Over 50 lbs | _____ | 15 lbs |
| _____ | 50 lbs | _____ | 10 lbs |
| _____ | 35 lbs | _____ | 5 lbs |
| _____ | 25 lbs | | |

Place an X by the MAXIMUM (most) number of times per hour you would be willing to lift/carry the weight above:

- | | |
|-------|------------------|
| _____ | Continuously |
| _____ | 10 times |
| _____ | 5 times |
| _____ | 3 times |
| _____ | 1 times |
| _____ | Less than 1 time |

PART 2:

Please circle either YES or NO for the functions listed below. For any function you would be willing to perform on an assignment for us, circle YES. If you could perform that job function only with a reasonable accommodation, circle YES. If you do not wish to be considered for assignments requiring a function listed below, circle NO. You will not be considered for any positions through our company which include functions/duties marked NO.

- | | | |
|--|----------|---------|
| Repeated Bending..... | YES..... | NO..... |
| Repeated Twisting..... | YES..... | NO..... |
| Repeated Wrist and Hand Movements..... | YES..... | NO..... |
| Repeated Pushing/Pulling..... | YES..... | NO..... |

Standing/being on your feet for 8-Hr Shift (with breaks)..... YES NO
 Standing/being on your feet for 12-Hr Shift (with breaks)..... YES NO
 Sitting for 8-Hour Shift (with breaks)..... YES NO
 Sitting for 12-Hour Shift (with breaks)..... YES NO
 Climbing Above Floor Level (on ladders, scaffolds, etc.)..... YES NO
 Very Small, Detailed Part Assembly YES NO
 Working Around Chemicals, Heavy Fumes, Sawdust, etc., in the Air..... YES NO
 Working Around Moving Machinery YES NO
 Reaching Over Head YES NO
 Lifting Over Head..... YES NO
 Lifting Above Shoulder..... YES NO
 Lifting Below Knee..... YES NO

PART 3:

Our job assignments require regular attendance and punctuality (being on time). Are you able to attend work regularly and be on time for the start of your assignments?..... YES NO

Please be aware that a failure to attend regularly and arrive on time may result in your being removed from the assignment and/or terminated from employment, unless you are a qualified disabled person and require such an accommodation in your work schedule in order to work. In such circumstance, please inform us that you require an accommodation. Documentation of the need for an accommodation may be requested prior to providing any such accommodation.

PART 4:

Please state any other qualifications or preferences which you would like us to take into consideration in assigning you to a temporary position: _____

I certify that the information on this Form is true and complete to the best of my knowledge. I understand and agree that if I provide false or misleading information on this Form it may be grounds for my immediate termination.

| | |
|--------------------|------|
| EMPLOYEE SIGNATURE | DATE |
|--------------------|------|

DISCLOSURE AND RELEASE

In connection with my application for employment (including contract for services) with (organization).

I understand that consumer reports, which may contain public record information, may be requested and obtained. These reports may include information related to my previous driving record including court actions, citations, license suspensions and revocations.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I have the right to obtain information as to the name, address and phone number of any agency providing such information and further, may request of that agency, upon proper identification, the nature and substance of all information in its files on me at the time of my request, including all sources of information as well as the recipients of any reports on me which that agency has previously furnished within the two (2) year period preceding my request.

This authorization shall remain on file and shall serve as ongoing authorization for the organization named above to procure Motor Vehicle Reports at any time during my employment, membership or contract period.

(Signature)

(Date)

(Print Name)

(Driver's License Number)

(State)