

<b>REXtac L.L.C.</b>	<b>APAO PLANT</b>	
	APPLICATION FOR EMPLOYMENT	Rev.#: 0
		Supersedes: new
		Date: 1/29/14
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Instructions: Complete all necessary information. You may be asked to provide additional information on another form. This application will be kept on file. It is to your advantage to periodically check to keep it current and active. Be sure to sign and date the application. **Please print.**

Date \_\_\_\_\_

Name \_\_\_\_\_

Social Security # \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

Phone # (     ) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Position desired: \_\_\_\_\_

Desired pay \_\_\_\_\_

Shift preferred 1 \_\_\_ 2 \_\_\_ 3 \_\_\_ 4 \_\_\_ Any \_\_\_

Would you accept full-time work? Yes \_\_\_ No \_\_\_

Would you accept part-time work Yes \_\_\_ No \_\_\_

Date Available for Work? \_\_\_\_\_

Have you ever been employed at REXtac L.L.C (Orion) before?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, dates of employment \_\_\_\_\_

Special training or skills (language, machine operations, etc.) that would be of special benefit in the job for which you are applying:

\_\_\_\_\_

Do you have any relatives or friends who are presently or have formerly been employed here?

Yes \_\_\_ No \_\_\_

If yes, who? \_\_\_\_\_

How were you referred to us?

TWC \_\_\_ Ad \_\_\_ Friend/Relative \_\_\_ Other \_\_\_\_\_

Are you legally eligible for employment in the United States?

Yes \_\_\_ No \_\_\_ (If yes, proof is required)

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Are you of legal age to work in the United States? Yes \_\_\_ No \_\_\_

### Educational Background

(Circle highest level completed)

Grammar School                    5      6      7      8  
Vocational Training? \_\_\_\_\_

High School                    9      10      11      12  
Graduate degree? \_\_\_\_\_

College                    1      2      3      4                    degree achieved? \_\_\_\_\_  
Training in what field? \_\_\_\_\_

Name of last school attended: \_\_\_\_\_

**Membership in professional or civic organizations** (Exclude those which may disclose your race, color, religious, or national origin.)

\_\_\_\_\_

### Employment Experience

Place an X by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. Employer: \_\_\_\_\_ Phone# (    ) \_\_\_\_\_ -- \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work performed (job function) \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

2. Employer: \_\_\_\_\_ Phone# (    ) \_\_\_\_\_ -- \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Job Title \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_  
Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
Work performed (job function) \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

3. Employer: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ -- \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Work performed (job function) \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

4. Employer: \_\_\_\_\_ Phone# ( ) \_\_\_\_\_ -- \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State: \_\_\_\_\_  
 Job Title \_\_\_\_\_  
 Supervisor's name: \_\_\_\_\_  
 Dates Employed: From \_\_\_\_\_ To \_\_\_\_\_  
 Hourly rate/salary: Starting \_\_\_\_\_ Final \_\_\_\_\_  
 Work performed (job function) \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_

**Personal References** (other than family members or previous employers)

1. Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ -- \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ -- \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ -- \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_

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Please be sure to sign and date this application. Thank you for your interest in our company.

I understand that the Immigration Reform and Control Act of November 6, 1986 requires me to prove the legality of my residency or citizenship. I am also aware that the failure to provide such proof at the time of request may legally force my termination. To the best of my knowledge the information contained on this application (and accompanying resume, if any) is true. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when the discovery by the company. I understand that any employment is conditioned on a background check. I authorize the company to thoroughly investigate all statements contained in my application or resume, and I authorize former employers and references to disclose information regarding my former employment, character and general reputation to the company, without giving me prior notice of such disclosure. In addition, I release the company, any former employers and all references listed above from any and all claims, demands, or liabilities arising out of or related to such investigation or disclosure. I understand that nothing contained in this employment application or in the granting of an interview is intended to create a contract between me and the company for either employment or the provision of any benefits; and further understand that if an employment relationship subsequently is established, I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by me and an authorized representative of the company. **If I am offered employment, I agree to submit to a medical examination and/or drug test before starting work.** If employed, I also agree to submit to medical examination or drug test at any time deemed appropriate by the company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctors disclose to the company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the company's Drug and Alcohol Policy. I understand that filling out this application does not indicate that there is a position open, and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies, and procedures. The company retains the right to revise its policies or procedures, in whole or in part, at any time.

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY \_\_\_\_\_ DO NOT WRITE BELOW THIS LINE**

Visits: \_\_\_\_\_ Calls: \_\_\_\_\_ \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_