

Source: HDD, LLC.
 1816 E. Wasp Rd.
 Hutchinson, KS 67501
 620-802-0200



APPLICATION FOR EMPLOYMENT

Date: _____ / _____ / _____

Source: HDD, LLC. (hereinafter "SHDD" and/or "Company") is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state or federal law. Applicants requiring reasonable accommodation in the application and/or interview process should notify a representative of the Company.

APPLICANT INFORMATION:

Name: _____ SS #: _____ - _____ - _____

Street: _____

City/State/Zip: _____

Phone #: _____ Are you at least 18 years old? _____ Yes _____ No

Email: _____ @ _____ . _____

EMPLOYMENT DESIRED:

Position: _____ Date Available: _____ / _____ / _____

Desired Status: _____ Full Time _____ Part Time _____ Temporary

Salary Requested: \$ _____ / _____ Currently Employed? _____

May we contact your present employer? _____

How were you referred to the Company? _____

PERSONAL INFORMATION:

Have you ever been employed by Source: HDD, LLC. or any of its subsidiaries before? _____ If yes, give date: _____

Do you have any friends, relatives, or acquaintances working for the company? If yes, state name and relationship: _____ [Y] [N]

If hired, would you have transportation to/from work? _____ [Y] [N]

If hired, are you able to present proof of U.S. Citizenship or evidence of your legal right to work in the United States? _____ [Y] [N]

If hired, are you willing to submit to and pass a controlled substance test? _____ [Y] [N]

Are you able to perform the essential functions of the job for which you are applying, either with/without reasonable accommodation? _____ [Y] [N]

If no, describe the functions that cannot be performed: _____

(Company complies with the ADA and considers reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Have you ever been convicted of a criminal offense (felony)? If yes, please describe the crime, state the nature of the crime(s), when and where convicted and disposition of the case. _____

(No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The date of the offense, the nature of the offense, including any significant details that affect the description of the event, and the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EDUCATION:

| School | Name & Location of School | Did you graduate? | Degree or Diploma |
|-------------------|---------------------------|-------------------|-------------------|
| High School | | | |
| College | | | |
| Trade/Bus/Vo-Tech | | | |
| Military/Branch | | Years | |

JOB-RELATED SKILLS:

Qualifications / Experiences – Summarize special job-related qualifications acquired from employment or other experiences.

Skills / Licenses / Certifications – Please list skills, licenses or certifications that may be job related or that you feel would be beneficial to Source: HDD, LLC.

Language(s) spoken (other than English): _____

REFERENCES (Do not list former employers or relatives):

| Name | Address Phone | Occupation | Years Acquainted |
|------|------------------|------------|---------------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

FORMER EMPLOYERS (List last three, begin with most recent):

| Employer Name Address | Month / Year | Salary Per (hour / year) | Position | Reason for Leaving |
|--------------------------|--------------|--------------------------------|----------|--------------------|
| | From: | | | |
| | To: | | | |
| | From: | | | |
| | To: | | | |
| | From: | | | |
| | To: | | | |

| | |
|------------------------------|-------------------------------|
| Which job did you like most? | Which job did you like least? |
|------------------------------|-------------------------------|

I authorize Source: HDD, LLC. (hereinafter "SHDD" and/or "Company") to verify any statements made on this application and I authorize all persons, schools, government agencies and companies to release any information regarding my background and hereby release all such parties from any liability for damage whatsoever for issuing this information. This includes, but not limited to, credit agencies, state agencies and law enforcement agencies. I understand that misrepresentation or omission of facts called for may result in rejection of my application or discharge at any time during my possible employment with Source: HDD, LLC. or any of its subsidiaries. Further, I understand and agree that my employment is for no definite period and may be terminated at any time without prior notice.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE (Office use only) Revised 8/1/2015

Interview Scheduled by: _____ **Date:** ____ / ____ / ____ **Time:** _____

Interviewed by: _____ **Date:** ____ / ____ / ____

Hired: _____ **Dept:** _____

Date Report to Work: _____ **Salary/Wage:** _____

Pre-Hire

Training: Forklift Training: [Y] [N] Weld / Paint Test: [Y] [N] Fit Tested: [Y] [N]

Approved: _____ **Dept. Mgr.** _____ **General Mgr.** _____ **HR Mgr.** _____