

APPLICATION FOR EMPLOYMENT

Full Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Social networking sites (Please provide links: Facebook, Myspace, Twitter, etc.) _____

Position applied for: _____

Are you a citizen of the United States? _____ Yes / No If not, do you have work papers? _____ Yes / No

Are you a veteran? _____ Yes / No Branch of service _____

Have you been convicted of a
(1) felony or (2) a lesser crime or (3) pled no contest or (4) even had adjudication withheld _____ Yes / No

Education:
High School _____ Graduate Yr _____ Degree _____

Bus / Trade _____ Graduate Yr _____ Degree _____

University _____ Graduate Yr _____ Degree _____

Who referred you to us? _____

Summarize your special skills or qualifications _____

What job suits you BEST? _____

What is your ideal career? _____

Previous employment: (Begin with most recent - USE ADDITIONAL PAGES TO ANSWER)

Firm _____

City _____ State _____ Phone _____

Type of Business _____

Position (s) Held _____

Dates of Employment _____ Salary: \$ _____ (starting) \$ _____ (ending)

Reason for Leaving _____

Supervisor _____

Phone _____ Email _____

Firm _____

City _____ State _____ Phone _____

Type of Business _____

Position (s) Held _____

Dates of Employment _____ Salary: \$ _____ (starting) \$ _____ (ending)

Reason for Leaving _____

Supervisor _____

Phone _____ Email _____

Firm _____

City _____ State _____ Phone _____

Type of Business _____

Position (s) Held _____

Dates of Employment _____ Salary: \$ _____ (starting) \$ _____ (ending)

Reason for Leaving _____

Supervisor _____

Phone _____ Email _____

Firm _____

City _____ State _____ Phone _____

Type of Business _____

Position (s) Held _____

Dates of Employment _____ Salary: \$ _____ (starting) \$ _____ (ending)

Reason for Leaving _____

Supervisor _____

Phone _____ Email _____

Firm _____

City _____ State _____ Phone _____

Type of Business _____

Position (s) Held _____

Dates of Employment _____ Salary: \$ _____ (starting) \$ _____ (ending)

Reason for Leaving _____

Supervisor _____

Phone _____ Email _____

Co-worker or Supervisor References:

Name _____ Phone _____
Relationship _____ Email _____
Comments _____

Name _____ Phone _____
Relationship _____ Email _____
Comments _____

Name _____ Phone _____
Relationship _____ Email _____
Comments _____

Name _____ Phone _____
Relationship _____ Email _____
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Name _____ Phone _____
Relationship _____ Email _____
Comments _____

Name _____ Phone _____
Relationship _____ Email _____
Comments _____

Name _____ Phone _____
Relationship _____ Email _____
Comments _____

PLEASE EMAIL THIS APPLICATION TO INFO@SMITHMFG.COM

By submitting this application form for employment I clearly understand and agree:

In exchange for the consideration of my job application by Smith Manufacturing Co (SSPS, Inc) (hereinafter called the "Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statement and the life as they may exist from time to time, or other Company practices shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Company or otherwise to change in any respect the employment-at-will relationship between it and the undersigned and the Company may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigations of all statements contained in this application and in accordance with the Department of Transportation (DOT) Federal Motor Carrier Safety Regulations (FMCSR), all records regarding alcohol and controlled substance testing results. I hereby authorize said sources to disclose such records and other information as may be requested by the prospective employer. I understand that the misrepresentations or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I certify that the Information contained in this application is correct and complete to the best of my knowledge and understand that omission, misrepresentation or falsification of information is grounds for refusal to employ me or my dismissal if I am employed

I understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job related physical examinations. If accepted for employment. I understand such acceptance may be contingent on my passing a medical examination and for the purposes of a medical examination, I authorize any doctor with whom I have consulted previously in a physician-patient relationship to release and convey any information relative to such a consultation or treatment

I understand that, if hired, I am required to abide by all rules and regulations of the Company and that I will be responsible for the care and return of any equipment of rather Company-owned property issued to me during my employment. If I am employed and I should fail to return any tools, which I may check out, I hereby authorize the Company to deduct from my pay due me, at the time, the value of such tools. I also agree to furnish the personal tools customarily required for my job.

I will be able, if hired, to certify that I am authorized to work in the United States of America and understand that in accordance with the Immigration Reform and Control Act, I will be required to provide timely documentation of identity and employment eligibility.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act. I authorize my references, schools, and current and past employers to give the Company any and all information concerning my previous employment and any Information they may have, personal or otherwise, and release all parties from all liability for any damage or claim that may result from furnishing the same to the Company.

If hired by Company, I must sign a non-compete agreement with Company. I will carry out my job duties in an ethical manner and avoid any conflicts of interest. I understand that performing services for any competitor or disclosing confidential company information to people outside Company will be grounds for terminating my employment with Employer;

I understand that if hired, I must sign an agreement consenting to assign to Company, the rights to any inventions, original works, discoveries, ideas and improvements arising out of my employment with Company.

This certifies that I completed this application, and that all entries on it are true and complete to the best of my knowledge.

Applicant Signature _____ Print Name _____ Date _____

SSPS, Inc dba Smith Manufacturing Company and Smith Company is an equal employment opportunity employer, We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, marital or veteran status, age of disability, or any other basis prohibited by law. We assure you that your opportunity for employment with SSPS, Inc depends solely on your qualifications.

**BACKGROUND INVESTIGATION
AUTHORIZATION AND RELEASE FORM**

I authorize a background investigation to obtain information about me from (some or all of the following): credit reporting agencies, other consumer reporting agencies, criminal records repositories, other Federal, State or Local governmental agencies, workers' compensation files, public records, former employers, former schools, listed or developed references, or others who may be able to provide information as to my background, character and general reputation.

I hereby affirm that my answers to all questions on my application and all employment and residential history are true and correct and that I have not knowingly withheld any facts or circumstances that would, if disclosed, affect my application or continued employment. I understand that if I am hired, my employment with the company is at will, which means that my employment may be terminated by me or the company at any time, for any reason, with or without prior notice and without resources.

Name of Applicant (Printed)

Signature of Applicant

Date

Social Security Number

Former Name(s) or AKA