



APPLICATION FOR EMPLOYMENT

(Please Print)

Midwest Fastener Corp and our affiliates are committed to an established policy to assure each individual equal employment opportunity and non-discrimination with regard to race, color, religion, sex, national origin, age, marital status, veteran status, physical or mental disability or any other factor prohibited by law, in all matter involving an individual's hire, tenure, terms, conditions or privileges of employment or an other matter related to employment.

| | | | | | | | | | | | | | | |
|--|---|--|-------------|------------------------|------------------------------------|----|---|---|-----------------|---|-----|--------|---|---|
| PERSONAL | PRINT NAME (Last) (Maiden) (First) (Middle) | | | | Date | | | | | | | | | |
| | ADDRESS (No. and Street) (City) (State) (Zip) | | | Telephone | | | | | | | | | | |
| | PREVIOUS ADDRESS (No. and Street) (City) (State) (Zip) | | | Social Security Number | | | | | | | | | | |
| | Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | | | | | | | |
| JOB INTEREST | Position you are applying for | | | | Full Time <input type="checkbox"/> | | | | | | | | | |
| | | | | | Part Time <input type="checkbox"/> | | | | | | | | | |
| | How were you referred to us? <input type="checkbox"/> Employee <input type="checkbox"/> Walk-in <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> State Employment Office <input type="checkbox"/> School <input type="checkbox"/> Other | | | | | | | | | | | | | |
| | Of other, please explain. | | | | | | | | | | | | | |
| | Please list names/relationships of relatives currently employed by one of our affiliates. _____ / _____ / _____ | | | | | | | | | | | | | |
| | Were you ever employed by one of our affiliates? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one and when? | | | | | | | | | | | | | |
| Have you applied for work at one of our affiliates during the last year? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one and when? | | | | | | | | | | | | | | |
| EDUCATION & TRAINING | CHOOSE HIGHEST GRADE COMPLETED IN EACH SCHOOL CATEGORY | | HIGH SCHOOL | | COLLEGE | | | | GRADUATE SCHOOL | | | | | |
| | | | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| | | | Name | | Location (City/State) | | | | Major | | GPA | Degree | | |
| | High School <input type="checkbox"/> Graduate | | | | | | | | | | | | | |
| | College <input type="checkbox"/> Graduate | | | | | | | | | | | | | |
| | Graduate School <input type="checkbox"/> Graduate | | | | | | | | | | | | | |
| | Apprentice, Business or Vocational Schools | | | | | | | | | | | | | |
| | Personal skills and office equipment experience: <input type="checkbox"/> Typing _____ wpm <input type="checkbox"/> Shorthand _____ wpm <input type="checkbox"/> Keypunch _____ spm <input type="checkbox"/> Calculator <input type="checkbox"/> Personal Computer <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> PowerPoint <input type="checkbox"/> Other _____ | | | | | | | | | | | | | |
| | Additional training or skills, including special courses, etc. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

List all jobs in order starting with your present or last job. Include military service assignments and volunteer activities in which you received relevant job experience. You may exclude organization names which indicate race, color, religion, gender, national origin, age, disability or other protected status.

| Employment Dates | Employer Name, Address, Phone | 1. Your Job Title 2. Department 3. Supervisor's Name |
|--|--|--|
| From (Mo./Yr.) _____/_____ To (Mo./Yr.) _____/_____ OK to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ _____ _____ Describe major duties _____ _____ _____ Reason for leaving _____ | 1. _____ 2. _____ 3. _____ |

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|--|--|--|
| From (Mo./Yr.) _____/_____ To (Mo./Yr.) _____/_____ OK to contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ _____ _____ Describe major duties _____ _____ _____ Reason for leaving _____ | 1. _____ 2. _____ 3. _____ |

EMPLOYMENT HISTORY

What foreign languages do you speak, read and/or write?

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

PROFESSIONAL MEMBERSHIPS, RECOGNITION AND AWARDS

| | |
|--|---------------|
| Honors: (include societies and scholarships) | Publications: |
| Professional and Technical Associations: | Patents: |

REFERENCES

Please list former supervisors and other references, not relatives, who have knowledge of your training and experiences.

| Name | Street Address | City | State/Zip | Phone |
|------|----------------|------|-----------|-------|
| | | | | |
| | | | | |
| | | | | |

CAREFULLY READ THE PARAGRAPHS BELOW BEFORE SIGNING AND DATING THE APPLICATION

1. I certify that answers given herein are true and complete to the best of my knowledge.
2. I authorize investigation of all statements and references contained in this application for employment as may be necessary in arriving at an employment decision. I hereby release all company affiliates or any individual or company from any and all liability including liability for libel and slander, for divulging same.
3. 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 officer of this organization.
4. I further recognize that if employed by the company, I agree, in partial consideration of my employment, to file a demand for arbitration to resolve any disputes arising from my employment, as required under Paragraph 8 below. **I agree to file such demand within six (6) months after the claim arises or within the applicable statutory limitations period(s) provided by law, whichever occurs first.**
5. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. Also, I understand that I am required to abide by all rules and regulations of the employer. I further understand that this organization reserves the right to abolish or modify any personnel policy or benefit without prior notice.
6. I understand that nothing contained in this application or in the granting of an interview is intended to create an employment contract between this organization and me for either employment or the providing of any benefit. I certify that no promises of employment have been made to me and I understand that no such promise is binding upon this organization unless made in writing by an officer of said organization.
7. I acknowledge I have been informed that if I receive an offer of employment, it may be conditioned on my passing a Physical Exam to determine my ability to perform the duties of the position for which I am applying. This exam may include a physical and/or substance abuse screening. (Failure to submit to or positive results obtained from a substance abuse test will result in ineligibility for employment.)
8. **ANY DISPUTE ARISING OUT OF OR IN CONNECTION WITH ANY ASPECT OF MY EMPLOYMENT OR ANY TERMINATION THEREOF (INCLUDING BY WAY OF EXAMPLE BUT NOT LIMITATION, DISPUTES CONCERNING ALLEGED CIVIL RIGHTS VIOLATIONS, EMPLOYMENT DISCRIMINATION OF ANY KIND INCLUDING ON THE BASIS OF ANY PROTECTED CATEGORY UNDER FEDERAL OR STATE LAW, RETALIATION, WRONGFUL DISCHARGE, ENTITLEMENT TO OVERTIME PAY, SEXUAL HARASSMENT, BREACH OF EXPRESS OR IMPLIED CONTRACT OR TORT), SHALL BE EXCLUSIVELY SUBJECT TO FINAL AND BINDING ARBITRATION** before an impartial arbitrator, in accordance with the principles of fundamental fairness, and providing all substantive rights and remedies, including any applicable damages provided under any pertinent statute(s) related to such claims, the right to representation by counsel, a reasonable opportunity for discovery, a fair arbitral hearing, a written arbitral award containing findings of facts and conclusions of law, and any other provision required by law. Any decision of the Arbitrator shall be final and binding as to both parties, and enforceable by any court of competent jurisdiction. Nothing contained herein shall prohibit me from filing any claims or charges with any appropriate governmental agency. **I UNDERSTAND THAT MY AGREEMENT HEREIN CONSTITUTES A WAIVER OF MY RIGHT TO ADJUDICATE CLAIMS AGAINST THE COMPANY IN COURT, AND THAT I AM OPTING INSTEAD TO ARBITRATE ANY SUCH CLAIMS.**

This application will remain active for 60 days _____
Signature of Applicant Date

YOU MAY USE THIS SPACE FOR ADDITIONAL COMMENTS OR EXPLANATIONS

THE FOLLOWING IS FOR PERSONNEL USE ONLY - DO NOT WRITE BELOW THIS LINE

Disposition

(circle one)

| | |
|-------------------------------------|---|
| AR Application withdrawn | QS Qualified/Interviewed Selected |
| AX Application expired | NI Qualified/Force Ranked/No Interview |
| UC Unable to contact | QR Referred to other subsidiary |
| RC Requisition change - hold | RR Rejected - References |
| RW Requisition canceled | RQ Rejected - Qualifications/Skills |
| IR Interview requested | DO Declined offer |
| PS Phone screen | HD Hired |
| IX Interview - No show | |

EEOC/AAP Occupational Codes

(circle one)

E Executives/Senior Level Officials/Mgrs
M Officials and Managers
P Professionals
T Technicians
S Sales Workers
C Administrative Support Workers
J Craft Workers
O Operatives
U Laborers and Helpers
W Service Workers
A Apprentices