NON-DESTRUCTIVE INSPECTION, CORP.

Application For Employment

| Position Applied For | | Date | | | |
|---|------------|--------------|---------------------|----------|------|
| How Did You Learn About Us? | | | | | |
| | Friend | | Walk In | | |
| Employment Agency | Relative | | Other | | |
| Last Name | First Name | | Middle N | lame | |
| Address | City | | State | Zip | Code |
| Telephone Number(s) | 1 | | | <u>.</u> | |
| Are You over 18 Years of age? | | | Y | ′es | No |
| Have you ever applied for work with usb | | give date | <u> </u> | ⁄es | □ No |
| Have you ever been employed with us be | | give dates _ | Υ | ⁄es | □ No |
| Are you currently employed? | | | Y | ′es | 🗌 No |
| May we contact your present employer? | | | Y | ⁄es | 🗌 No |
| On what date would you be available for work? | | | | | |
| What schedule are you available to work: Full time Shift Work | | | art Time emporar | | |
| Is their any reason you would not be able including weekends? If yes explain: | | time | _ Y | ⁄es | 🗌 No |
| Are you on "lay off" status and subject to | recall? | | □ Y | ⁄es | 🗌 No |
| Can you travel if a job requires it? | | | ΓY | ′es | ∏ No |

NAME:

| List all traffic violations you have been convicted of in the last three years: | | | | |
|---|--|-----------------|-------|------|
| Date | Location | Violation | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Have vo | bu been convicted of a felony within the | e last 7 vears? | T Yes | □ No |

Have you been convicted of a felony within the last 7 years?

Convictions will not necessarily disqualify an applicant from employment.

If Yes, please explain:

EDUCATION

| | High School | Undergraduate College/University | Trade School |
|--|-------------|-------------------------------------|--------------|
| School Name and Location | | | |
| Years Completed | | | |
| Diploma/Degree | | | |
| Describe Major areas of study | | | |
| Describe any specialized training, skills and extra- curricular activities | | | |
| Describe honors and awards received | | | |

State any other information you believe may be helpful to us in considering your application

List professional or civic activities and offices held.

You may omit memberships which indicate sex, race, religion national origin, age, ancestry, handicap or other protected status:

REFERENCES

List name, address and telephone number of three references who are not related to and are not past employers. 1. . 2. 3. Yes No

Have you ever received job training in the United States Military? If yes please include in employment experience.

| Are you physically or otherwise unable to perform the duties or the job for which you are applying? Outside work in weather extremes, working in high places, climbing, lifting If yes explain: | Yes g, long hours. | No |
|--|--------------------|----|
| Do you have responsibilities or commitments which prevent you from meeting work schedules. ie overtime, weekends, callouts If yes explain: | Yes | No |

Employment Experience

Start with your present or last job. Include any job-related military service assignments. You may exclude associations which indicate race, color, religion, gender, national origin or other protected status. Use additional paper if necessary.

| Employer | | Dates Employer | | |
|---------------------|------------|----------------|----------------|--|
| Address | | From | То | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | | | |
| Duties Performed | | | | |
| Reason for leaving | | | | |
| Employer | | | Dates Employer | |
| Address | | | То | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | | | |
| Duties Performed | | | | |
| Reason for leaving | | | | |
| Employer | | | Dates Employer | |
| Address | | From | То | |
| Telephone Number(s) | | | | |
| Job Title | Supervisor | | | |
| Duties Performed | | | | |
| Reason for leaving | | | | |

Special skills and Qualifications

List any job-related skills and qualifications acquired form employment or other experience include hobbies.

In Case of Emergency Notify Name Relationship Address Telephone Number(s)

Applicant's Statement

By signing my name below, I certify that the answers given herein are true and complete to the best of my knowledge. I authorize inquiry into all statements in this application for employment as may be necessary in reaching an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. An 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 understand that, unless otherwise defined by applicable law, any employment relatioship with this organization is "at will", which means that the employee may resign at any time and the Employer may terminate the Employee at any time with or without cause. It is further understood that this "at-will" employment relationship may not be altered by any written document or by any behavior, unless such change is specifically acknowledge in writing by the president of this company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I also understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date