



# APPLICATION FOR EMPLOYMENT

Please read before filling out this application.

This employer does not discriminate in hiring or employment on the basis of race, color, religion, sex, national origin, age, ancestry, disability or veteran's status. Qualified disabled individuals will be given reasonable accommodations for employment and advancement unless such an accommodation would impose an undue hardship on the conduct of the employer's business. No question on this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

In processing this employment application, the company may request that an investigative consumer report be prepared, which may include information as to your character, general reputation, criminal record, and personal characteristics as provided by the Fair Credit Reporting Act of 1970 and as amended in 1996. You have the right to request that the company completely and accurately discloses to you the nature and scope of the investigation requested. Such a request must be made in writing to the Human Resources Department of this company within a reasonable time after you complete this application. Should employment be denied as a direct result of information contained in such an investigative consumer report, you will be advised as to the name and address of the consumer reporting agency supplying the report. You should contact such agency for any further information you desire.

I authorize and direct FMI to make whatever inquiries it deems necessary or desirable, and to contact consumer reporting agencies or other persons, and to secure consumer reports or investigate consumer reports in connection with my application for employment. I further authorize and direct any person of consumer reporting agency to participate in and make such inquiries at the request of such corporation of its affiliates and subsidiaries, and to compile and furnish any information it may have or obtain in response to such inquiries.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please answer every question. Use ink. Please print.

Social Security No. \_\_\_\_\_  
 (Please check your card for correct #)

Name \_\_\_\_\_ Date \_\_\_\_\_  
First Middle Last

Business Number \_\_\_\_\_

Address \_\_\_\_\_ Home Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Length of Time at this Address \_\_\_\_\_

List previous addresses within the United States, except Military, if address changed during the past 5 years.

Address	City	State	Zip Code	From (date)	To

From here on, please write or print in your normal style (manner). If you would like to request a reasonable accommodation to complete this form, please contact a Human Resources Representative.

Type of work desired \_\_\_\_\_ Salary requirements \_\_\_\_\_

How were you referred to us? \_\_\_\_\_ Date available for work \_\_\_\_\_

Do you presently have relatives working for this company? Yes ( ) No ( )

Are you over 17 years of age? Yes ( ) No ( )

Are you legally authorized by the U.S. Secretary of Labor to work in this country? Yes ( ) No ( )

FMI does have a written attendance policy that is strictly administered. Absences considered to be in excess of policy will be reviewed for compliance. Is there any reason you would have difficulty complying with the corporation's attendance policy?

Yes ( ) No ( ) If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Employment Record

Have you been employed previously by FMI? Yes ( ) No ( )

Have you ever applied here before? Yes ( ) No ( )

Have you ever been convicted of a criminal offense or other illegal activity? Yes ( ) No ( ) If yes, please explain. (A conviction will not necessarily disqualify you from employment.)

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If you worked under a name other than shown on the front of this application, please inform the interviewer as to what name this corporation should use when making previous employment verification inquiries.

Name and Address of Former Employer		Dates Employed		Position and Duties	Salary		Please explain why you left your former position
Company Name	Address Telephone	From Mo. & Yr.	To Mo. & Yr.		Starting	Leaving	
Company Name	Address Telephone	From Mo. & Yr.	To Mo. & Yr.	Position and Duties	Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Address	Telephone						
Company Name	Address Telephone	From Mo. & Yr.	To Mo. & Yr.	Position and Duties	Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Address	Telephone						
Company Name	Address Telephone	From Mo. & Yr.	To Mo. & Yr.	Position and Duties	Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Address	Telephone						
Company Name	Address Telephone	From Mo. & Yr.	To Mo. & Yr.	Position and Duties	Starting	Leaving	
Immediate Supervisor							
City and State	Zip						
Address	Telephone						

If presently employed, why do you desire to change your position?

If you are now employed, may we contact your present employer? Yes ( ) No ( )

# Unemployment Record

From		To		Please explain why you were unemployed.
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	
Mo.	Yr.	Mo.	Yr.	

## Education

Name	Address	City	State	Major Course of Subject	Circle last year completed	If graduated, please provide a copy of transcript	GPA/ Degree
High School, GED or Preparatory					1 2 3 4		
Business Trade or Vocational/Technical School					1 2 3 4		
College					1 2 3 4		
Graduate Work					1 2 3 4		

**Please read before signing.** If you have any questions or concerns regarding any of these statements, please express them to the employment interviewer before signing.

Contingent upon my employment with FMI, I agree to comply with all rules and regulations as set forth in the employer's policy manual, which is not contractual and may be unilaterally changed by the employer at anytime, or other communications distributed to all employees. I also understand that following any offer of employment, that such employment is conditional upon a favorable health evaluation administered uniformly for this job. Such health evaluation may include a physical examination, a drug test and/or completion of a health evaluation form, to which I hereby consent. The results of the tests will remain confidential with limited, but necessary exceptions.

I am aware that the Immigration Reform and Control Act of 1986 provides that the employers must verify, on a form provided by the Attorney General, that anyone hired is not an "unauthorized alien." As a condition of employment, I agree to supply whatever documentation may be required to establish my citizenship or verify that I am authorized by the Secretary of Labor to work in this country.

I understand that in the absence of a written agreement to the contrary, my status, if employed, will be that of an employee at will, with no contractual rights, expressed or implied. In consideration of my employment, I specifically agree that my employment may be terminated with or without cause, with or without notice, at any time, at the option of either the employer or myself.

I further understand that no director, officer or employee of FMI, has any authority to state, suggest or imply that I have an employment contract for other than an indefinite period of time. Promotions, performance evaluations, salary increases, merit raises, and/or the statement of my salary in other than hourly or weekly rates does not define my period or length of employment. In other words, I do not have any continuing expectancy of employment for any period of time, definite or indefinite, should a job offer be extended and accepted.

I hereby acknowledge that I have read the above statements and understand the same. I certify that all statements made by me on this application are true and complete. I understand that falsification of any information contained in this application or omission of any information requested in this application will be reason for termination or rejection of this application. My answers to optional disclosures were given voluntarily, and I understand that the corporation will not use those answers to discriminate against me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(To be completed if applicant is refused employment)*

Was applicant rejected in whole or in part based on an investigative consumer report? Yes ( ) No ( )  
 If yes, was/were the name(s) and address(es) of the consumer reporting agency(ies) supplied to applicant? Yes ( ) No ( )

Date supplied \_\_\_\_\_ Initials \_\_\_\_\_ Attach a copy of such notice to this application \_\_\_\_\_

*(To be completed if applicant requests)*

Was a written request by applicant for a disclosure of the nature and scope of the investigative consumer report received by the employer? Yes ( ) No ( )  
 If yes, was such disclosure made in writing to applicant not later than 5 days after the date of which the request was first received or 5 days after the employer first requested the report? Yes ( ) No ( )

Date supplied \_\_\_\_\_ Initials \_\_\_\_\_ Attach a copy to this application \_\_\_\_\_

