

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to the policy of non-discrimination in employment on basis including race, color, age, gender, religion, disability, or national origin. This application is compliant with the Americans with Disabilities Act and the final regulations & and interpretive guidance proclaimed by the EEOC.

PERSONAL INFORMATION

Date: _____ Social Security Number: _____

Name: _____

Present Address: _____

Permanent Address: _____

Phone Number: _____

Other: _____

Referred By: _____

Are you 18 years of age or older? _____

Are you prevented from lawfully becoming employed in this country because of visa or immigration? _____

Email Address: _____

EMPLOYMENT DESIRED

Position	Date You Can start	Salary Desired
Are you employed now?	Yes No	If so, may we contact your present Employer?
Have you previously applied for a position with H.O. Weaver & Sons, Inc.?	Yes No	
Have you ever worked for H.O. Weaver & Sons, Inc. before?	Yes No	

School Attended	Name and Location of School	Last Year Completed	Graduate
Grammar School		1 2 3 4 5 6 7 8	Yes .. No
College		1 2 3 4	Yes No
High School		1 2 3 4	Yes No
Trade, Business, correspondence		1 2 3 4	Yes No

GENERAL

Job Related Skills _____

Drivers License Information

State

Date Issued

Driver License Number

Type of Drivers License Choose One

CDL

Endorsements, Circle Applicable

Were You In The U.S Armed Forces?

If So, What Branch Of Service Were You In?

Rank

Years in Service

Are You Currently in National Guard Or Military Reserves?

FORMER EMPLOYER

List your last four employers, starting with present or most recent employer.

Date Month & Year of Employment	Name, Complete Address & Phone Number of-	Salary	Position	Reason for leaving
From _____ To _____		\$ Per _____		
From _____ To _____		\$ Per _____		
From _____ To _____		\$ Per _____		
From _____ To _____		\$ Per _____		

PERSONAL REFERENCES List three not related to you, whom you have known at least one year.

Name	Address & Phone Number	Business	Years Acquainted
1			
2			
3			

In case of emergency, notify: _____
 Address: _____ Print Name _____ Phone: _____

If you are hired by H.O. Weaver and Sons, Inc. you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hires if you cannot comply with these requirements.

Authorization:

I certify that the facts contained in the application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statements, omission, or misrepresentation on this application is sufficient cause for refusal to hire and dismissed, if I have been employed, no matter when discovered by H.O. Weaver & Sons, Inc.

I understand that employment is conditioned on a background check. I authorize H.O. Weaver & Sons, Inc. to thoroughly investigate all statements contained in my application and resume, if any, and I authorize my former employers and personal references to disclose information regarding my former employment, character, and general reputation, to H.O. Weaver & Sons, Inc., without giving notice of such disclosure. In addition, I release H.O. Weaver & Sons, Inc. and any former employer and all personal references listed above from, any and all claims, demands or liabilities arising out of or related to any such investigation disclosure.

I understand and agree that nothing contained in this application, conveyed in the interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at-will" and without fixed term, and may be terminated at any time, with or without prior notice, at the option of either myself, or H.O. Weaver & Sons, Inc. No promises regarding employment have been made to me, I understand that no such promise or guarantee in binding upon H.O. Weaver & Sons, Inc. unless made in writing. If I am offered employment agree to submit to a medical examination (if required) and drug test before starting work. If employed, I also agree to submit to an examination or drug test at any time deemed appropriate by H.O. Weaver & Sons, Inc. and as permitted by law. Consent to such examinations and test, and I request the examining doctor to disclose to H.O. Weaver & Sons, Inc. the results of which results shall remain confidential. I understand that my employment or continued employment, to the extent permitted by law, examination is contingent upon satisfactory medical examination(s) and drug test(s), and if I am hired as a condition of my employment will be that I abide by H.O. Weaver & Sons, Inc. drug and alcohol policy.

I understand that filling out this form does not indicate there is a position open and does not obligate H.O. Weaver & Sons, Inc. to hire me. If hired, I agree to abide by all H.O. Weaver & Sons, Inc. work rules, policies and procedures. H.O. Weaver & Sons, Inc. retains the right to revise its policies or procedures, in whole or in part at any time.

Date: _____ Signature: _____



H.O. Weaver & Sons, Inc.

P.O. Box 8039 • Mobile, Alabama 36689-0039
(251) 342-3025 • Fax (251) 342-0108

Past Employment Release Form

I, _____, hereby

authorize the release, to representatives of H.O. Weaver & Sons Inc., and any other agency designated by or operating in accordance with H.O. Weaver & Sons, Inc. any and all information, privileged or otherwise, relating to my past record and character whether it be financial, academic, military medical, employment, judicial and personal reference. I hereby release all parties contributing said information from any charges or liability whatsoever for furnishing such said information. I further agree that a photocopy shall have the same effect as the original. I understand that any information so obtained shall be utilized as deemed appropriate by H.O. Weaver & Sons, Inc.

Applicants Signature

Date: _____

DISCLOSURE FORM TO OBTAIN CONSUMER REPORTS FOR EMPLOYMENT PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for employment and, if you are employed, in considering you for subsequent promotion, assignment, reassignment, retention, or discipline, H.O. Weaver & Sons, Inc. ("the Company") may request and rely upon one or more consumer reports or investigative consumer reports about you that we obtain from a consumer reporting agency, such as IntelliCorp Records, Inc.

IntelliCorp Records, Inc. can be contacted by mail at 3000 Auburn Dr, Suite 410; Beachwood, OH 44122; or phone: 1-888-946-8355; or website: www.intellicorp.net.

For explanation purposes:

- a "consumer report" is a written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in making an employment-related decision about you. Such information may include, for example, credit information, criminal history reports, or driving records; and
- an "investigative consumer report" is a consumer report in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your prior employers, neighbors, friends, or associates, or with others who may have knowledge concerning any such items of information. In the event an investigative consumer report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act ("FCRA").

Under the FCRA, before the Company can obtain a consumer report or investigative consumer report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.



AUTHORIZATION

I have read and understand the foregoing Disclosure, and authorize H.O. Weaver & Sons, Inc. to obtain and rely upon consumer reports or investigative consumer reports concerning me obtained from IntelliCorp Records, Inc.

By my signature below, I authorize the Company to obtain any such reports and to share the information received with any person involved in their decision about me.

I also consent to have any legally required notices sent electronically.

I do _____ do not _____ authorize you to contact, through IntelliCorp Records, Inc., my current employer for Employment and Reference Verifications. (*Checking "I do" will authorize inquiries to the Human Resources Department and to any listed supervisors.*)

Printed Name

Applicant Signature

Date

Parent or Legal Guardian Signature
(for searches conducted on minors under the age of 18)

Date

Personal Data

_____ Last Name	_____ First Name	_____ Middle Name
_____ Current Address		_____ Dates Lived Here
_____ Date of Birth	_____ Other Names Used (including maiden name)	_____ Years Used
Social Security Number: _____	Driver's License# _____	DL State _____

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

_____ Printed Name	_____ Applicant Signature	_____ Date
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MVR RELEASE CONSENT FORM

In conjunction with my employment at H.O. Weaver & Sons, Inc., I, _____
(applicant) consent to the release of my Motor Vehicle Records (MVR) to the company. I understand the company will use these records to evaluate my suitability to fulfill driving duties that may be related to my position. I also consent to the review, evaluation, and other use of any MVR I may have provided to the company.

Signed (applicant): _____

Date: _____

Drivers' License Number: _____ State: _____