



# APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PLEASE PRINT. ANSWER ALL QUESTIONS COMPLETELY AND ACCURATELY.

Name	Last	First	Middle
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Address	Street	City or Town	State	Zip Code
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Telephone No.	Email	Type of work desired:	How long have you lived at your current address? Yrs. _____ Mos. _____
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Previous Address	Street	City or Town	State	Zip Code	How long did you live at your previous address? Yrs. _____ Mos. _____
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If your educational or employment records contain a different name, please indicate your former name and the school(s) or employer(s) associated with that name.	Wages/Salary Desired	FullTime Part Time Temporary	Will you accept: <input type="checkbox"/> Day Shift <input type="checkbox"/> Night Shift <input type="checkbox"/> Either
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List experience with office and/or factory machinery:

List your other skills or training:

List date available for work if application is considered favorably.

Emergency contact:	Name	Address	Mobile Work Home
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Were you ever previously employed by CANTEX? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, specify when, where, and under what name.
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Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details:
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List Names of any Friends or Relatives employed here:

Name _____	Relationship _____
Name _____	Relationship _____
Name _____	Relationship _____

List source of referral, if applicable: \_\_\_\_\_

PERSONAL DATA	Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EDUCATION	Name of School	Indicate Last Year Completed	Degree and Major
High School		9 10 11 12	
College <input type="checkbox"/> Day <input type="checkbox"/> Evening		1 2 3 4	
Graduate Work <input type="checkbox"/> Day <input type="checkbox"/> Evening		1 2 3 4	
Special Trade or Business <input type="checkbox"/> Day <input type="checkbox"/> Evening		1 2 3 4	

**PREVIOUS EMPLOYMENT** Chronologically list all positions held, starting with the most recent employment. Include all previous employment with CANTEX and/or US Military Service.



Please complete all areas, **including salary history (do not use "See resume")** Thank you!

EMPLOYERS:	EMPLOYMENT DATE:	JOB INFORMATION:
May we contact your current employer? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name _____ Address _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ Reason for leaving _____ Name and title of Supervisor _____
Name _____ Address _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ Reason for leaving _____ Name and Title of Supervisor _____
Name _____ Address _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ Reason for leaving _____ Name and Title of Supervisor _____
Name _____ Address _____ Telephone No. _____	From _____ To _____ Salary _____ Job Title _____	Describe Duties _____ Reason for leaving _____ Name and Title of Supervisor _____

REFERENCES	Please list three references. Do not list casual acquaintances or relatives. List only those individuals who have knowledge of your personal character, abilities, and are familiar with your work experience.		
Name	Address	Telephone	Occupation

In making this application for employment it is understood that an investigation may be made, whereby information is obtained through personal interviews with your references above and/or past employers. This inquiry includes information as to your character, general reputation, personal characteristics and work experience.

The use of this Application for Employment does not indicate that there are any positions open and does not obligate this Company in any way. It is understood that falsification or misrepresentation of the information requested on this application or any document used to secure employment will be sufficient cause for the denial or termination of employment regardless of when such fact may be discovered. If employed, the applicant agrees to comply with the Company orders, rules and regulations.

I understand that this employment application and any other Company documents are not contracts of employment, and that any individual who is hired may voluntarily leave employment upon proper notice, and may be terminated by the employer at any time and for any reason. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



## Affirmative Action Applicant Questionnaire

In compliance with federal Affirmative Action requirements, CANTEX Inc. is responsible for evaluating its selection and hiring practices, measuring the effectiveness of its Affirmative Action Plan and producing required reports to government agencies. In order to comply with these regulations, we must track certain data regarding our applicants. However, you are **not** required to provide the information requested. YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION. ANY INFORMATION YOU PROVIDE WILL BE MAINTAINED SEPARATE FROM YOUR EMPLOYMENT APPLICATION.

Name \_\_\_\_\_ Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

I choose not to respond to this questionnaire.

Gender:  Male  Female

Race/Ethnic Data:

- Hispanic or Latino  Caucasian (not Hispanic or Latino)  American Indian or Alaskan (not Hispanic or Latino)
- African American or Black (not Hispanic or Latino)  Asian (not Hispanic or Latino)  Native Hawaiian or Pacific Islander (not Hispanic or Latino)
- Two or more Races (not Hispanic or Latino)

### Disabled/Veteran Classification(s)

- Disabled Person  Disabled Veteran  Armed Forces Service Veteran  Recently Separated Veteran
- Vietnam Era Veteran  Special Disabled Veteran  Other Protected Veteran

DEFINITIONS:

**Hispanic or Latino:** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

**Caucasian (not Hispanic or Latino):** Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.

**African American or Black (not Hispanic or Latino):** Persons having origins in any of the black racial groups of Africa.

**Asian (not Hispanic or Latino):** Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Pacific Islands or the Indian subcontinent including, for example, China, Japan, Korea, the Philippines, Samoa, India, and Pakistan.

**Native Hawaiian or Pacific Islander (not Hispanic or Latino):** Persons having origins in any of the original peoples of Hawaii or the Pacific Islands.

**American Indian or Alaskan (not Hispanic or Latino):** Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

**Two or More Races (not Hispanic or Latino):** All persons who identify with more than one of the above five races.

**Disabled Person:** One who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such impairment.

**Disabled Veteran:** A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered under Veterans Affairs, or a person who was discharged or released from active duty because of a service-connect disability.

**Other Protected Veteran:** A veteran who served in a campaign or expedition for which a campaign badge has been authorized.

**Armed Forces Service Veteran:** A veteran who, while serving in military, was the recipient of a service medal pursuant to Executive Order 12985.

**Recently Separated Veteran:** A veteran during the three-year period beginning on the date of the veteran's discharge or release from active duty.

**Vietnam Era Veteran:** Served in the military or active duty for more than 180 days between 2/28/1961 and 5/07/1975.

**Special Disabled Veteran:** A veteran who is entitled to compensation rated at 30% or more.

**CANTEX INC. IS AN EQUAL OPPORTUNITY EMPLOYER**



## NOTICE TO JOB APPLICANT

### EMPLOYMENT DRUG SCREENING POLICY AND AGREEMENT

The undersigned job applicant acknowledges that he/she has been informed that CANTEX INC. requires that applicant submit to an oral saliva drug test at the CANTEX INC. facility or urinalysis laboratory screen for controlled substances and drugs, to be conducted by a health facility, medical or testing clinic, laboratory or physician as selected and paid for by the company. The applicant agrees to submit to such examination and/or tests and hereby authorizes release and disclosure of the results to CANTEX INC. The undersigned applicant further acknowledges that test results which show the presence of a controlled substance or illegal drug will result in denial or termination of employment. The applicant agrees to sign any documents that may be necessary in order to permit release of and disclosure to the company of any medical examination and/or medical tests for controlled substances or drug abuse.

By signing this document, the applicant agrees that, if employed, he/she will abide by the terms of CANTEX INC. Policy on Drug and Alcohol Use and Abuse.

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Signature

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Date



## NOTICE TO JOB APPLICANT

### APPLICATION INFORMATION VERIFICATION

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omissions or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize CANTEX INC. to thoroughly investigate my references, work record, education matters related to my suitability for employment, and further authorize my former employers to disclose to the Company any and all letters, reports and other information related to my work record, without giving me prior notice of such disclosure. In addition, I hereby release the Company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Company and that no promises or representations contrary to the foregoing are binding on the Company unless made in writing and signed by me and any Authorized Representative.

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Applicant's Signature

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Date