

PERSONAL INFORMATION

Name

First _____ Last _____

Address

Street Address _____ City _____ State/ Province / Region _____ Zip / Postal Code _____

Email _____ Phone _____

Are you 18 years or older? Yes No Are you a U.S. Citizen or Alien authorized to work in the U.S.? Yes NoAre you presently employed? Yes NoMilitary Service: Are you currently Active or a Veteran? *If no, please skip to the next section.* Yes No

MILITARY SERVICE RECORD

Branch of Service _____ Rank _____ Discharge Date _____

Present Membership in National Guard _____ Date Obligation Ends _____

EDUCATION

HIGH SCHOOL

Name of School _____ City _____

Did you graduate? Yes No GED

COLLEGE

Name of School _____ City _____

Major _____ Minor _____

Did you graduate? Yes No Still Attending

EMPLOYMENT RECORD *(List in order of most recent)*

JOB #1

Company _____

Company Address _____

Street Address _____ City _____ State/ Province / Region _____ Zip / Postal Code _____

Position _____ Start Date _____ End Date _____

Wages _____ Phone _____

Reason for leaving _____

EMPLOYMENT RECORD *(Continued)***JOB #2**

Company _____

Company Address _____

Street Address _____ City _____ State/ Province / Region _____ Zip / Postal Code _____

Position _____ Start Date _____ End Date _____

Wages _____ Phone _____

Reason for leaving _____

JOB #3

Company _____

Company Address _____

Street Address _____ City _____ State/ Province / Region _____ Zip / Postal Code _____

Position _____ Start Date _____ End Date _____

Wages _____ Phone _____

Reason for leaving _____

REFERENCES *(other than relatives)***REFERENCE #1**

Name _____

First _____ Last _____

Occupation _____ Phone _____

Years Known 0-3 Years 3-5 Years 5-10 Years 10+ Years**REFERENCE #2**

Name _____

First _____ Last _____

Occupation _____ Phone _____

Years Known 0-3 Years 3-5 Years 5-10 Years 10+ Years

WORK EXPERIENCE

Can you work in a standing position for an 8 hour shift? Yes No

Can you work in an area with adhesives, aerosols or solvents? Yes No

Do you have any experience and/or have you operated any of the following?

- | | |
|--|---|
| <input type="checkbox"/> Packaging / Label Small Parts | <input type="checkbox"/> Paint Sprayer |
| <input type="checkbox"/> Shipping / Receiving | <input type="checkbox"/> Drill Press |
| <input type="checkbox"/> Sewing Machine | <input type="checkbox"/> Punch Press |
| <input type="checkbox"/> Assembly Line Conveyor | <input type="checkbox"/> Tool Design |
| <input type="checkbox"/> Plastic Injection Molding | <input type="checkbox"/> Blue Print Reading |
| <input type="checkbox"/> Urethane Molding Machine | <input type="checkbox"/> Bridgeport |
| <input type="checkbox"/> Skin Packaging Machine | <input type="checkbox"/> Hydraulics |
| <input type="checkbox"/> Paint with a small brush | <input type="checkbox"/> Pneumatics |
| <input type="checkbox"/> Portable Hand Tools | <input type="checkbox"/> Engine Repair |
| <input type="checkbox"/> Machine Maintenance | <input type="checkbox"/> Electrical 110/220 V |
| <input type="checkbox"/> Small Machine Building | <input type="checkbox"/> Tape Gun |
| <input type="checkbox"/> Surface Grinder | <input type="checkbox"/> Measuring (Ruler) |
| <input type="checkbox"/> Sheet Metal Fabrication | <input type="checkbox"/> Repetitive Processes |
| <input type="checkbox"/> Welding | <input type="checkbox"/> 5S Lean |
| <input type="checkbox"/> Automatic Screw Machines | <input type="checkbox"/> Quality Inspection |
| <input type="checkbox"/> Lathe | <input type="checkbox"/> General Labor |
| <input type="checkbox"/> Tapper | <input type="checkbox"/> Production |
| <input type="checkbox"/> Mold Building | <input type="checkbox"/> Sorting |
| <input type="checkbox"/> Paper Cutter | <input type="checkbox"/> Material Handling |
| <input type="checkbox"/> Die Cutter | |

Additional Experience _____

I certify that all statements given on this application are correct, and I understand that falsification or misrepresentation in this or any other personnel record can result in my dismissal if I am employed by the company. I authorize my former employers and other individuals to give the company information concerning me, whether or not it is part of their written record, and I release them and their companies from any liability whatsoever on account of such information furnished to Ferro. I agree that if I am offered employment by Ferro and accept, my employment will be employment at will, that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of Ferro or myself. I understand that no representative of Ferro, other than the President, in writing, has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing.

Signature _____ Date _____

Name (Please Print) _____



**AUTHORIZATION TO CONDUCT BACKGROUND CHECK
& CONSENT TO PROCURE CONSUMER REPORT**

Notice of Intent to Procure Consumer Report (Background Check)

Pursuant to the Fair Credit Reporting Act, 15 U.S.C. Section 1681 et seq., this notice is to inform you that as part of our evaluation procedure for employment, promotion or retention, we may obtain and review consumer report(s) and/or investigative consumer report(s) for employment purposes concerning you (Background Check).

These report(s) will be obtained through the following Consumer Reporting Agency: **Information Resources, 1731 Border Ave. Torrance CA 90501; Phone: (800) 548-0822.**

Louisiana driving history records (DMV/MVR) will be obtained through ADR (American Driving Records).

You have the right to make a written request, within a reasonable period of time after receiving this notice, for additional disclosures as to the nature and scope of any consumer report(s) we obtain. You are also entitled to receive a copy of the Federal Trade Commission’s publication, “A Summary of Your Rights Under the Fair Credit Reporting Act”. You may have additional rights under state law. You may contact Information Resources 800-548-0822 for information on obtaining a copy of your report.

Authorization to Conduct Background Check:

By signing below, I authorize Information Resources, to conduct an employment-related background check on me and to provide the results to the employer. I understand this report may contain information as to my character, general reputation, personal characteristics, or mode of living, such as my work habits, work performance and experience, reasons for discipline or termination from any current or prior employment, history of earnings, credit worthiness, credit standing or credit capacity, criminal convictions, driving history, and other related matters that may concern my eligibility for the position or promotion I am seeking. Information Resources will not provide any information where such disclosure is restricted by federal or state law. By signing below, I authorize any present or past employer, supervisor or agent of the employer; high school, college, university or other institution of learning; local, state or federal court; department of motor vehicles, military branch or the national personnel records center; state sex offender registry, state licensing board, state workers’ compensation agency, credit bureau, personal or professional reference; to release records or information to Information Resources concerning my name, criminal history, motor vehicle history, social security number, earnings history, credit file, address history, educational history, character, reputation, and employment (including documented reasons for termination or discipline) and release such from any and all liability for any damage that may result from the furnishing of this information. This authorization shall be valid in original, faxed or photocopied form.

List all other names used: _____

List all cities, states and the dates where you have lived for the past 7 years:

City	State	Dates From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been convicted of a crime other than traffic violations, or are you presently out on bail for an open pending felony case?

Yes _____ No _____ If yes, please explain: _____

Name: _____ Date of Birth: _____

Signature: _____ Date: _____