

EDUCATION

High School:	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Name and Location</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Dates Attended</p>	Diploma: <input type="checkbox"/> GED <input type="checkbox"/> Yes <input type="checkbox"/> No
Trade/Tech School:	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Name and Location</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Dates Attended</p>	Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No
College:	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Name and Location</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Dates Attended</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Major / Degree</p>
College:	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Name and Location</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Dates Attended</p>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 5px;"/> <p style="text-align: center; margin: 0;">Major / Degree</p>

PREVIOUS WORK EXPERIENCE

Employer: _____	From: _____	To: _____
Position: _____	Pay/Salary: \$ _____	
Reason for Leaving: _____		
<hr style="border-top: 1px dashed black;"/>		
Employer: _____	From: _____	To: _____
Position: _____	Pay/Salary: \$ _____	
Reason for Leaving: _____		
<hr style="border-top: 1px dashed black;"/>		
Employer: _____	From: _____	To: _____
Position: _____	Pay/Salary: \$ _____	
Reason for Leaving: _____		

REFERENCES

Please list three references other than relatives or previous employers.

Name: _____	Telephone: _____
Address: _____	Years Known: _____
<hr style="border-top: 1px dashed black;"/>	
Name: _____	Telephone: _____
Address: _____	Years Known: _____
<hr style="border-top: 1px dashed black;"/>	
Name: _____	Telephone: _____
Address: _____	Years Known: _____

APPLICATION FORM WAIVER

PLEASE READ CAREFULLY

As indication that you have read and understood each paragraph, please write your initials in the spaces provided below.

In exchange for the consideration of my job application by S.W. Rodgers Company, Inc. (hereinafter called "Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Company, or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President of the Company. Both the undersigned and the Company may end the employment relationship at any time, without specific notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits. _____

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact. _____

I understand that, in connection with routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it as required by the Fair Credit Reporting Act. _____

I understand that should I be employed by the Company, I will be required, in accordance with the Immigration Reform and Control Act of 1986 (IRCA), to provide, on my first day of employment, documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of my employment and failure to comply will void my offer of employment. _____

I understand that the Company requires all applicants to submit to certified medical examinations as a condition of employment. These examinations are for the purpose of safety on the job and fitness for work. A positive test result for alcohol, undisclosed controlled substances, or any illegal drug will immediately void any offer of employment. I also understand that the Company requires all employees to submit to random, certified medical examinations. A positive test result for alcohol, undisclosed controlled substances, or any illegal drug could be sufficient cause for immediate termination of employment. If a chemical test result is positive, the employee will be charged for the test. Refusal to submit to the above testing will be grounds for immediate termination of employment. _____

I understand that my employment relationship with the Company is terminable at any time, for any reason, with or without cause or notice by either party. _____

I have read and understand the provisions outlined above and agree to be bound by the same and affirm that the information is complete and true. I understand that, if employed, my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relationship with the Company is terminable at will for any reason by either party. I further understand that I am required to abide by all rules and regulations of the Company as outlined in the employee handbook and/or subsequent policy statements handed out from time to time.

Printed Name of Applicant

Signature of Applicant

Date

S.W. Rodgers Company, Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with S.W. Rodgers Company, Inc. depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

FOR OFFICE USE ONLY
DO NOT WRITE BELOW THIS LINE

Upon hire, fill out the following information: EMP#: _____

Interviewed by: _____ Hired: _____

Position _____ Starting Rate of Pay: \$ _____ per _____ hour
 Hired for: _____ with: _____ week
Foreman or Crew

Other Agreement(s) _____ RACE CODE: _____
 Made When Hired: _____

Remarks: _____

Pre-employment Drug Test Taken: _____
Date Passed Failed _____
Circle one Administered by

HR / PAYROLL:

Department/Craft _____

Class _____

Occupation Category _____

Insurance Code _____

Earnings Code _____

Fidelity Updated _____

Cigna Updated _____

Delta Dental Updated _____

Standard Updated _____

Benefit Waiver Form _____

HR Benefits Initialized _____

HR Dependents _____

PR Default Options _____

Leave Accrual _____

Rate of Pay Pushed _____

Timesht Rvwr Grp Set _____

Added to PR Crews _____

SWR HIRING PERSONNEL, confirm receipt of:

Completed Application _____

Completed W-4 _____

Completed VA-4 or MD or WV _____

Completed I-9 _____

SSN Verified _____

Verified Identification _____

Continuation of Ins Notice _____

Health Enrollment Form _____

Dental Enrollment Form _____

HSA Enrollment Form _____

Standard Enrollment Form _____

Signed Personnel Policy Page _____

Direct Deposit Form _____

Entered by: _____ Checked by: _____

ALM Updated: _____ Group Assigned: _____