

It is the policy of New Standard Corporation to provide equal opportunity in employment and advancement to qualified individuals without regard to race, color, religion, age, sex, national origin, ancestry, disability, or veteran status. We value the contribution that the diversity of our applicants can bring.

PERSONAL INFORMATION

Name	Date
<div style="display: flex; justify-content: space-between;"> Last First Middle </div>	Social Security #
Address	How long resided?
<div style="display: flex; justify-content: space-between;"> Street City State Zip </div>	Are you 18 years or older?
Phone # ()	<div style="display: flex; justify-content: flex-end; gap: 20px;"> Yes No </div>
Are you prevented from lawfully becoming employed in this country because of Visa or immigration status?	
<div style="display: flex; justify-content: flex-end; gap: 20px;"> Yes No </div>	

EMPLOYMENT DESIRED

	Full-time	Part-time	Other (please indicate)
Position	Date you can start	Salary desired	
Have you ever worked at New Standard before?	Yes No	If yes, when?	
Do you know anyone who is employed by New Standard?	Yes No	If yes, who?	
Plant(s) you can work at (circle all that apply)	Mount Joy Hellam Rocky Mount	Referred by	
Shift(s) you are willing to work (circle all that apply)	1 st 2 nd Weekend		

EDUCATION	Name & Location of School	# of Years Attended	Did you graduate?	Subjects Studied
High School				
College				
Trade, Business, or Correspondence School				
Subjects of special study or research work				

GENERAL

Special skills			
Activities (civic, athletic, etc.) (exclude organizations, the name of which indicates the race, creed, sex, age, marital status, color, or nation of origin of its members)			
U.S. Military or Naval Service	Rank	Present Membership in National Guard or Reserves	

FORMER EMPLOYERS (List below your last 3 employers, starting with your most recent employer first)

1	Dates (month/year) From _____ To _____	Employer Name/Address/Phone #	Description of Duties
	Position _____		
	Salary/Rate _____		
	Supervisor's Name _____		
	Supervisor's Title _____		
	Reason for Leaving _____		
2	Dates (month/year) From _____ To _____	Employer Name/Address/Phone #	Description of Duties
	Position _____		
	Salary/Rate _____		
	Supervisor's Name _____		
	Supervisor's Title _____		
	Reason for Leaving _____		
3	Dates (month/year) From _____ To _____	Employer Name/Address/Phone #	Description of Duties
	Position _____		
	Salary/Rate _____		
	Supervisor's Name _____		
	Supervisor's Title _____		
	Reason for Leaving _____		

Are you currently on "lay-off" status and subject to recall with any employer? Yes No

Have you ever been discharged from any position for misconduct or unsatisfactory services? Yes No

Have you ever been convicted of a crime, other than a traffic offense? Yes No

If you answered yes to any of the questions above, please explain below. If you have been convicted of a crime, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.)

In case of emergency notify: _____ ()
Name
Address
Phone #

REFERENCES (Give the names of 3 persons not related to you, whom you have known at least 1 year)

#	Name	Address	Telephone #	Years Acquainted
1				
2				
3				

"I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application will be rejected and, if I am employed, my employment may be terminated at any time. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than the President/CEO, and then only in writing and signed by the President/CEO, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. I voluntarily give New Standard Corporation permission to make a thorough investigation of my educational background and past employments and all other facts within my application for employment and release from liability all persons, places of business and municipalities supplying such information"

Date _____

Signature _____

EMPLOYMENT INQUIRY RELEASE

In connection with your application for/continuing employment with New Standard Corp. on our behalf, EZ-FACTS will make inquiries, including but not limited to, your consumer credit history, education, professional licensing, criminal history, driving history, your personal character, abilities, work habits, mode of living, residency, immigration status, general reputation, performance, experience and other qualities pertinent to your qualifications for employment, including reasons for termination of past employments.

In compliance with the Fair Credit Reporting Act, you are entitled to be informed if an offer of employment is withheld because of information obtained from EZ-FACTS and, in that event, upon your written request, we will provide a copy of the report we receive and the FTC notice, "A Summary of Your Rights Under the Fair Credit Reporting Act".

Please complete and sign the form which follows, authorizing, without reservation, any party, including, but not limited to, employers, consumer reporting agencies, law enforcement agencies, state agencies, institutions and private information bureaus or repositories, contacted by EZ-FACTS to furnish any or all of the above mentioned information. Your authorization releases EZ-FACTS from any and all liability for damages arising from the investigation and disclosure of the requested information. Further, it releases and discharges all liability from all companies, agencies, officials, officers, employees and other persons, who, in good faith, provide to EZ-FACTS the above mentioned information as requested, in order to successfully complete a background investigation for your application for employment. Your signature allows a photocopy or fax copy of this authorization to be as valid as the original.

PRINT FULL NAME _____ *DATE OF BIRTH _____

SOCIAL SECURITY # _____ MAIDEN NAME _____

STREET ADDRESS _____ OTHER NAMES USED _____

CITY, STATE, ZIP _____

DRIVERS LICENSE # _____

APPLICANT SIGNATURE _____

GRADUATION DATE: HIGH SCHOOL _____ COLLEGE _____

**NOTARY SIGNATURE _____ NOTARY PRINTED _____

STATE _____ COUNTY _____ COMMISSION EXPIRES _____

*Date of birth is being requested only for the purposes of identification in obtaining accurate retrieval of records and it will not be used for discriminatory purposes. **Use only as required Revised 1/99