

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer



The following information is requested in order to help us make the best possible decision regarding potential placement within our Company. All portions of this application pertaining to you must be completed. The Company, in accordance with state and federal laws, does not discriminate on the basis of age, religion, color, sex, national origin, physical or mental handicap/disability or arrest record or any other protected status under applicable state and federal laws.

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____
 REFERRAL SOURCE Advertisement Employee Internet Government Agency Walk-In Other _____

NAME _____
Last First Middle
 ADDRESS _____
Street City State Zip Code
 TELEPHONE NUMBER (____) _____ SOCIAL SECURITY NUMBER _____
Area Code

Have you used any name(s) other than given above? If so, please list: _____

Present Address: _____ How Long? _____
Street City State & Zip

Addresses for the past seven years. (Attach sheet if more space is needed).
 _____ How Long? _____
Street City State & Zip
 _____ How Long? _____
Street City State & Zip
 _____ How Long? _____
Street City State & Zip

Valid Driver's License? Yes No State _____ Driver's License No. _____

Type of Driver's License: Non-Commercial CDL-A CDL-B

Please indicate Name, Relationship, & Location of Relatives Employed by Honnen. _____

Have you previously applied or been employed by Honnen? No Applied Employed
 If yes, Where? _____ Dates: _____

Are you legally authorized to work in the United States? (Proof of US citizenship or immigration status will be required upon employment). Yes No
 Will you now or in the future require sponsorship for employment visa status (e.g. H-1B status)? Yes No

MINIMUM SALARY REQUIREMENT: \$ _____ Hourly Annually
 Date available for employment: _____ Are you willing to relocate? Yes No
 Type of employment desired: Full-Time Part-Time Specify Hours _____ Temporary _____
 Are you currently employed? Yes No If yes, work number: _____ Best time to call: _____
 Do you have any commitment to another employer that might affect your employment with us? Yes No
 If yes, please explain: _____

*** Before responding to the following questions, please read back of application**

Have you ever been convicted of a misdemeanor or felony? * Yes No
 If yes, please explain: Where: _____ When: ____ / ____ / ____ Charge: _____ Sentence: _____

Are you presently charged with a crime? Yes No
 If yes, what charge? _____ Where and when charged? _____ Present Status: _____
City & State Date

* (Disclosure of a criminal record will not necessarily disqualify you from employment. Each conviction or guilty plea will be evaluated on its own merits with respect to time, circumstances, and seriousness in relation to the job for which you are applying. However, failure to disclose such information may result in disqualification of your application or termination of employment.)

EDUCATION AND TRAINING

| Circle Highest Grade Completed | GRADE SCHOOL | | | | | | | | HIGH SCHOOL | | | | COLLEGE | | | | GRADUATE SCHOOL | | | |
|---------------------------------------------|----------------|-----------|------------------------------|-----------------------------|----------------------------|-------|----------------------------------------------|-----------|-------------|---|---|---|---------|---|---|---|-----------------|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Name of School Location (City and State) | Dates Attended | | Did you Graduate? | | Number of Hours Completed? | | Date and Type of Certificate or Degree Rec'd | Grade GPA | | | | | | | | | | | | |
| | From | To | Yes | No | Major | Minor | | | | | | | | | | | | | | |
| High School | | | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | |
| College/University | Mo. / Yr. | Mo. / Yr. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | |
| College/University | / | / | | | | | | | | | | | | | | | | | | |
| College/University | Mo. / Yr. | Mo. / Yr. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | | | | | | | | | | | | | | | |
| Mech/Trade Military/Other | / | / | | | | | | | | | | | | | | | | | | |

OFFICE SKILLS

| | | | |
|-----------------------------------------|----------------------------------------------|------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Type WPM _____ | <input type="checkbox"/> Shorthand WPM _____ | <input type="checkbox"/> 10 Key By Touch _____ | <input type="checkbox"/> Dictaphone _____ |
| P.C. Software Used | Proficiency (Basic, Int., Adv.) | P.C. Software Used | Proficiency (Basic, Int., Adv.) |
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OTHER QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our Company. (Talents, business licenses, certifications, volunteer work, telephone systems, machinery or equipment operated, or other job-related skills.)

REFERENCES

Please list three persons (other than Relatives) who have known you for at least one year and who are qualified to evaluate your professional abilities.

| Name | Organization Occupation | Yrs Known Relationship <small>(boss, friend, co-worker)</small> | Phone |
|------|---------------------------|-------------------------------------------------------------------|-------|
| | | | |
| | | | |
| | | | |

Please print and fill out completely. Do not use "Refer to Resume".
A Resume May Be Attached To Supplement This Application.

EMPLOYMENT / CONTRACTUAL RELATIONSHIP HISTORY

Start with your present or last job. Explain any gaps in employment in the comments section below.

| | | | |
|--------------------|----------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Employer | Tel. No. | Dates Employed | Summarize the work performed and job responsibility May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |
| Address | | | |
| Job Title | | Hourly Rate/Salary | |
| Supervisor | | Start | |
| Reason for Leaving | | Final | |
| Employer | Tel. No. | Dates Employed | Summarize the work performed and job responsibility May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later |
| Address | | | |
| Job Title | | Hourly Rate/Salary | |
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| Address | | | |
| Job Title | | Hourly Rate/Salary | |
| Supervisor | | Start | |
| Reason for Leaving | | Final | |

Comments (including explanation of any gaps in employment)

MILITARY EXPERIENCE

Military Service? Yes No Branch of Service: _____ Date of Military Service _____
 Duties/Specialties: _____
 Present Military Status: Active Inactive Rank at Separation: _____

READ CAREFULLY BEFORE SIGNING BELOW

AGREEMENT

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

In making this application for employment, I understand that an investigation may be made in which information is obtained through criminal record checks, educational record checks, credit checks, and personal interviews with former employers, friends, associates, others with whom I am acquainted and/or others who may have knowledge of me. This inquiry includes information regarding my character, general reputation, and personal characteristics.

I understand that if I am extended an offer of employment it will be conditioned upon my successfully passing a drug screening examination. I hereby consent to a pre-and/or post-employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT OR GUARANTEE OF EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT WRITTEN NOTICE.

I further understand that none of the company's personnel policies should be construed as a contract or as a guarantee of continued employment. No representative of Honnen Equipment Co. or any of its affiliates has authority to enter into or approve any agreement for employment for any specified period of time or to approve any agreement contrary to the foregoing. Only the President or certain designated individuals are allowed to enter into a contract and it must be in writing to be enforceable.

I have read, understand, and by my signature consent to these statements.

Signature

Date