

APPLICATION FOR EMPLOYMENT

NOTE: Applicants are considered for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, or any other legally protected status.

| Last Name | First Name | | Middle Na | ame | | |
|--|---------------|-----------------------|-------------|----------------|-----------------|------|
| Street Address: | | | | | | |
| City: | | State: | | Zip Coo | le: | |
| Phone #: | | Email: | | | | |
| Position Applied For: | | Date of Application: | | | | |
| Date Available for Work | | Desired Salary Range: | | | | |
| Availability: Full-Time Part-Time | Temporary | Desired Shift/Hours: | | | | |
| Best time to contact you at home: | • | | | | | |
| Have you ever applied for employment with GOLDEN before? If yes, give date: | | | | ☐ Yes | □No | |
| Have you ever been employed by GOLDEN before? If yes, give dates of employment: | | | | ☐ Yes | □No | |
| Are any of your friends or relatives employed by GOLDEN? Is yes, please provide name(s) and relationship: | | | | ☐ Yes | □No | |
| Are you currently employed? | | | | ☐ Yes | □No | |
| May we contact your current employer? | | | | ☐ Yes | □No | |
| Are you currently on "lay-off" status and subject to recall? | | | | ☐ Yes | □No | |
| Can you travel if a job requires it? | | | | ☐ Yes | □No | |
| Are you authorized to work lawfully in the United States for any employer? | | | ☐ Yes | ☐ No | | |
| Will you now or in the future require Golden Specialty, Inc., to sponsor an immigration case in order to employ you? | | | 1 | ☐ Yes | □No | |
| Criminal History Request | | | | | | |
| Entry into many of the plants and facilities of Golden offenses may prohibit entry into these facilities. Pleas hiring. | | | | | | |
| During the past 7 years, have you been convicted of, been placed on deferred adjudication to, or have you pled guilty or no contest to a felony offense? (Answering "yes" to this question will not automatically bar you from employment unless applicable law requires such action.) | | | ☐ Yes | □No | | |
| If yes, please explain: | | | | | | |
| | | | | | | |
| Driving Record Request | | | | | | |
| Most employees at GOLDEN drive company vehicles and must be added to our auto insurance. Our insurance carrier requires a driving record inquiry be performed for any potential new employee. Please complete the following information to aid in this inquiry: | | | | | | |
| Driver's License #: | ion ompreyee. | State of Issue: | one wing in | <u>ormanor</u> | rto dia in tino | quy. |
| Any citations or accidents in the last 5 years? If yes, please explain: | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

EDUCATION

| | 1011 | | | |
|--|---|-------------------------------|--------------------------------|-------------------------------|
| | Name & Address of School | Course of Study | Years or Hours completed | Diploma or Degree Received |
| High School | | | · | |
| Undergraduate College | | | | |
| Graduate College | | | | |
| Other (specify) | | | | |
| Other (specify) | | | | |
| Describe any | specialized training, apprenticeship, s | skills and extra-curricular a | ctivities: | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Describe any | job-related training received in the Un | ited States military: | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| List any specialized skills which you possess: | | | | |
| Office equipment skills: Computer Skills: ☐ Spreadsheet ☐ Word Processing | | | | |
| Troid Floodsonia | | | | |
| | | | | |
| | | | | |
| | | | | |
| Other Qualifications: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

EMPLOYMENT EXPERIENCE

Please start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion gender, national origin, disabilities or other protected status.

| Dates Employed | Employer: | Job Title: | | | |
|-----------------------|---------------------|-------------|------------|-----------|--|
| From: | Address: | City: | State: | Zip Code: | |
| То: | Supervisor: | Phone #(s): | l | 1 | |
| Pay Rate Starting: | Work Performed: | | | | |
| Per | | | | | |
| Final: Per | Reason for Leaving: | | | | |
| Dates Employed | Employer: | Job Title: | | | |
| From: | Address: | City: | State: | Zip Code: | |
| То: | Supervisor: | Phone #(s): | - L | | |
| Pay Rate Starting: | Work Performed: | 1 | | | |
| Per | | | | | |
| Final: Per | Reason for Leaving: | | | | |
| Dates Employed | Employer: | Job Title: | | | |
| From: | Address: | City: | State: | Zip Code: | |
| To: | Supervisor: | Phone #(s): | 1 | 1 | |
| Pay Rate Starting: | fork Performed: | | | | |
| Per | | | | | |
| Final: Per | Reason for Leaving: | | | | |
| Dates Employed | Employer: | Job Title: | | | |
| From: | Address: | City: | State: | Zip Code: | |
| То: | Supervisor: | Phone #(s): | | I. | |
| Pay Rate Starting: | Work Performed: | | | | |
| Per | | | | | |
| Final: Per | Reason for Leaving: | | | | |
| Dates | Employer: | Job Title: | | | |
| Employed From: | Address: | City: | State: | Zip Code: | |
| To: | Supervisor: | Phone #(s): | 1 | | |
| Pay Rate | Work Performed: | | | | |
| Starting: Per | | | | | |
| Final: | Reason for Leaving: | | | | |
| Per | | | | | |

REFERENCES

| Name: | | Phone #: | | |
|---|-------------------|----------|-----------|--|
| Address: | City: | State: | Zip Code: | |
| Relationship: | | | | |
| Name: | | Phone #: | | |
| Address: | City: | State: | Zip Code: | |
| Relationship: | | | | |
| Name: | | Phone #: | | |
| Address: | City: | State: | Zip Code: | |
| Relationship: | | | 1 | |
| Name: | | Phone #: | | |
| Address: | City: | State: | Zip Code: | |
| Relationship: | | | | |
| Name: | | Phone #: | | |
| Address: | City: | State: | Zip Code: | |
| Relationship: | | 1 | | |
| Name: | | Phone #: | | |
| Address: | City: | State: | Zip Code: | |
| Relationship: | | 1 | | |
| Applicant's Statement I hereby certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer. Signature of Applicant Date | | | | |
| Signa | ture of Applicant | Date | | |