



## EMPLOYMENT APPLICATION

**PLEASE FILL IN ALL INFORMATION & PRINT IN INK OR TYPE. USE ADDITIONAL PAPER IF NECESSARY.**

Any employment resulting from this application will be employment at will. This means that you have the right to terminate employment at any time for any reason, and the Company may exercise the same right.

NAME (Last)	(First)	(Middle)	SOCIAL SECURITY NUMBER
PRESENT ADDRESS (Street)	(City / State)	(Zip)	TELEPHONE NUMBER
LAST PREVIOUS ADDRESS (Street)	(City/ State)	(Zip)	EMAIL ADDRESS

POSITION APPLYING FOR :	SALARY / WAGE REQUESTED :	EARLIEST DATE AVAILABLE :
CHECK WHICH SHIFTS YOU ARE WILLING TO WORK IF APPLICABLE (Check all that apply.) :		
<input type="checkbox"/> 1ST / DAYS	<input type="checkbox"/> 2ND	<input type="checkbox"/> 3RD / NIGHTS
<input type="checkbox"/> ROTATING SHIFTS	<input type="checkbox"/> WEEKEND / O.T.	
CHECK WHAT TYPE OF WORK YOU ARE LOOKING FOR (Check all that apply.) :		
<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PART-TIME	<input type="checkbox"/> TEMPORARY
<input type="checkbox"/> CO-OP OR INTERNSHIP	<input type="checkbox"/> SEASONAL	
ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF NO, HAVE YOU APPLIED FOR WORK AUTHORIZATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YOU ARE NOT AT LEAST 18 YEARS OF AGE, WILL YOU BE ABLE TO FURNISH A WORK PERMIT AFTER EMPLOYMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU WILLING TO RELOCATE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOU ABLE TO TRAVEL IF REQUIRED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
GEOGRAPHICAL PREFERENCE: _____		

<b>WHAT LED YOU TO APPLY FOR THIS POSITION?</b>			
<input type="checkbox"/> UNIVERSITY RECRUITING	<input type="checkbox"/> ONLINE POSTING	<input type="checkbox"/> WALK-IN	<input type="checkbox"/> AD
<input type="checkbox"/> EMPLOYEE REFERRAL - WHO _____			
<input type="checkbox"/> JOB FAIR - LOCATION _____			
<input type="checkbox"/> AGENCY / FIRM - WHICH _____			
<input type="checkbox"/> OTHER SOURCE - SPECIFY _____			
ARE YOU A FORMER EMPLOYEE OF DAN T. MOORE COMPANY OR ANY OF ITS SUBSIDIARIES? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, COMPLETE THE FOLLOWING			
EMPLOYMENT DATES	JOB TITLE	LOCATION / COMPANY	
PRIMARY REASON FOR LEAVING			

WITHIN THE LAST 7 YEARS HAVE YOU BEEN CONVICTED OF A FELONY OR FINISHED SERVING A PRISON SENTENCE FOR A FELONY CONVICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	
*NOTE: Conviction of a felony is not an absolute bar to employment, however, a conviction may be relevant in determining the suitability of an applicant for a particular job. You may answer "No" if your only felony conviction(s) has been annulled or expunged from court records or is contained in a sealed or juvenile record or you have been officially pardoned.	
*FOR CALIFORNIA APPLICANTS: You may omit reference to any marijuana-related offense IF the date of the conviction is more than two years ago.	
IF YES, PLEASE EXPLAIN:	

**All sections of this application must be completed in their entirety.  
Attaching a resume does not meet this requirement.**

### EDUCATION

<b>HIGH SCHOOL</b>	NAME OF HIGH SCHOOL	DIPLOMA OR GED RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO	NO. OF YEARS ATTENDED
	LOCATION	MAJOR / CONCENTRATION	GRADE POINT AVERAGE  HIGHEST GPA POSSIBLE
<b>BACHELOR OR ASSOCIATE DEGREE (ENTER HIGHEST)</b>	NAME OF COLLEGE/UNIVERSITY	DEGREE	NO. OF YEARS ATTENDED
	LOCATION	MAJOR / CONCENTRATION	GRADE POINT AVERAGE  HIGHEST GPA POSSIBLE
<b>MASTERS OR OTHER DEGRESS</b>	NAME OF COLLEGE/UNIVERSITY	DEGREE (or credits earned)	NO. OF YEARS ATTENDED
	LOCATION	MAJOR / CONCENTRATION	GRADE POINT AVERAGE  HIGHEST GPA POSSIBLE
<b>COLLEGIATE EXTRACURRICULAR ACTIVITIES AND HONORS</b>			
LIST ANY PUBLICATIONS, THEISIS/DISSERTATION, OR HONORS YOU HAVE RECEIVED. INDICATE ANY ADVISORS.			
PROFESSIONAL CERTIFICATIONS, LICENSES, AND ANY OFFICES HELD			

### VOCATIONAL, MILITARY, OR TECHNICAL SCHOOL TRAINING AND BUSINESS SKILLS

<b>VOCATIONAL, MILITARY, OR TECHNICAL SCHOOL</b>	NAME OF SCHOOL	DEGREE	NO. OF YEARS ATTENDED
	LOCATION	SKILLS OBTAINED	GRADE POINT AVERAGE  HIGHEST GPA POSSIBLE
<b>VOCATIONAL, MILITARY, OR TECHNICAL SCHOOL</b>	NAME OF SCHOOL	DEGREE	NO. OF YEARS ATTENDED
	LOCATION	SKILLS OBTAINED	GRADE POINT AVERAGE  HIGHEST GPA POSSIBLE
LIST ALL BUSINESS MACHINES/SOFTWARE THAT YOU CAN PROFICIENTLY OPERATE.			
LIST ALL TECHNICAL/SHOP MACHINES THAT YOU CAN PROFICIENTLY OPERATE.			



### EMPLOYMENT RECORD

List all employment for the last seven (7) years with the current / most recent position first.  
Ten (10) years if applying for a position requiring a CDL.

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<b>CURRENT / MOST RECENT EMPLOYER</b>	<b>DATES OF EMPLOYMENT (MM/DD/YY)</b>		<b>YOUR RESPONSIBILITIES</b>		
<b>ADDRESS (Street)</b>	<b>FROM</b>	<b>TO</b>			
(City / State / Zip)	<b>SALARY</b>				
<b>YOUR TITLE</b>	<b>STARTING BASE</b>	<b>ENDING BASE</b>			
<b>NAME &amp; TITLE OF SUPERVISOR</b>	<b>OTHER COMPENSATION</b>				
<b>PHONE NUMBER OF SUPERVISOR</b>			<b>REASON FOR LEAVING</b>		
<b>EMPLOYER</b>			<b>DATES OF EMPLOYMENT (MM/DD/YY)</b>	<b>YOUR RESPONSIBILITIES</b>	
<b>ADDRESS (Street)</b>			<b>FROM</b>		<b>TO</b>
(City / State / Zip)			<b>SALARY</b>		
<b>YOUR TITLE</b>			<b>STARTING BASE</b>		<b>ENDING BASE</b>
<b>NAME &amp; TITLE OF SUPERVISOR</b>			<b>OTHER COMPENSATION</b>		
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<b>EMPLOYER</b>			<b>DATES OF EMPLOYMENT (MM/DD/YY)</b>	<b>YOUR RESPONSIBILITIES</b>	
<b>ADDRESS (Street)</b>			<b>FROM</b>		<b>TO</b>
(City / State / Zip)			<b>SALARY</b>		
<b>YOUR TITLE</b>			<b>STARTING BASE</b>		<b>ENDING BASE</b>
<b>NAME &amp; TITLE OF SUPERVISOR</b>			<b>OTHER COMPENSATION</b>		
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<b>EMPLOYER</b>			<b>DATES OF EMPLOYMENT (MM/DD/YY)</b>	<b>YOUR RESPONSIBILITIES</b>	
<b>ADDRESS (Street)</b>			<b>FROM</b>		<b>FROM</b>
(City / State)			<b>SALARY</b>		
<b>YOUR TITLE</b>			<b>STARTING BASE</b>		<b>STARTING BASE</b>
<b>NAME &amp; TITLE OF SUPERVISOR</b>			<b>OTHER COMPENSATION</b>		
<b>PHONE NUMBER OF SUPERVISOR</b>					<b>REASON FOR LEAVING</b>



PROFESSIONAL / BUSINESS REFERENCES WHO MAY BE CONTACTED BY DAN T. MOORE COMPANY				
NAME	PHONE	EMAIL	OCCUPATION	PROFESSIONAL RELATIONSHIP

**CERTIFICATION AND ACKNOWLEDGEMENT STATEMENT**

I understand this is an Application for Employment only and is not an offer or commitment to hire.

I understand that any omission or misrepresentation by me in this application may be cause for immediate dismissal and that any offer of employment is contingent upon satisfactory results of a job-related medical examination where applicable, a urine drug screen by company-designated physician at company expense, where applicable, and a successful background investigation. I understand I will be required to take and pass an employment test and/or provide a military discharge certificate before I begin employment.

All applicants for employment will be considered without regard to race, religion, color, national origin, sex, pregnancy status, marriage status, age, disability/handicap, veteran status, sexual orientation, or sexual affectation.

I authorize the Polyfill, LLC to verify information I provide on my employment application and to make whatever inquiries Polyfill, LLC considers appropriate concerning this information except information concerning HIV status, but including without limitation, my personal and employment references, public records, education and employment history. I authorize all my former employers, school officials and instructors, credit bureaus, local, state, and federal authorities, other persons named herein or subsequently provided as references, and other persons with information regarding my qualifications to give to Polyfill, LLC or its agents, any oral or written information they have regarding me. I also understand that as a condition of being considered for employment I may be requested to authorize the release of information to Polyfill, LLC and I will provide this authorization upon request. I hereby release these companies, organizations, agents, individuals, and Polyfill, LLC from any liability for any damage whatsoever resulting from the investigation, use or disclosure of such information.

**I UNDERSTAND THIS APPLICATION, OR ANY EMPLOYMENT WITH POLYFILL, LLC THAT RESULTS FROM THIS APPLICATION, DOES NOT CREATE A CONTRACT OF EMPLOYMENT FOR A FIXED PERIOD OF TIME. I UNDERSTAND AND AGREE THAT IF I DO BECOME EMPLOYED BY POLYFILL, LLC, MY EMPLOYMENT WILL BE AT WILL. THIS MEANS I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME FOR ANY REASON WITH OR WITHOUT NOTICE, AND POLYFILL, LLC HAS THE SAME RIGHT. I UNDERSTAND AND AGREE ONLY THE CEO OF THE COMPANY, OR DIRECTOR OF HUMAN RESOURCES OFFICER OF POLYFILL, LLC HAS AUTHORITY TO ENTER INTO ANY AGREEMENT WITH ME FOR EMPLOYMENT FOR A SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT WITH ME WHICH IS DIFFERENT FROM AT-WILL EMPLOYMENT. SUCH AN AGREEMENT MUST BE IN WRITING. NO REPRESENTATIVE OF POLYFILL, LLC OTHER THAN THE CEO OF POLYFILL, LLC OR THE DIRECTOR OF HUMAN RESOURCES OFFICER HAS THIS AUTHORITY. I UNDERSTAND POLYFILL, LLC EMPLOYMENT POLICIES AND PROCEDURES, WHETHER IN ORAL OR WRITTEN FORMAT ARE MERELY GUIDELINES FOR MANAGERS AND EMPLOYEES, ARE NOT CONTRACTUAL IN NATURE, AND ARE NOT AN EMPLOYMENT CONTRACT OF ANY KIND OR FOR ANY SPECIFIC DURATION. I REPRESENT I CAN PERFORM THE JOB FOR WHICH I AM BEING CONSIDERED WITHOUT DISCLOSING TO POLYFILL, LLC OR ITS EMPLOYEES ANY CONFIDENTIAL INFORMATION OR TRADE SECRETS I ACQUIRED DURING MY PREVIOUS EMPLOYMENT.**

**PLEASE BE SURE TO SIGN AND DATE THIS APPLICATION**

<p><b>I AUTHORIZE VERIFICATION OF</b></p> <p><input type="checkbox"/> All information given</p> <p><input type="checkbox"/> All information except present employer</p>	<p><b>SIGNATURE OF APPLICANT:</b></p> <p>I certify that all information I have provided on this Application for Employment was completed by me, including additional information I have attached, is true and complete to the best of my knowledge. By signing here, I agree that I have read, understand and consent to the "Certification and Acknowledgement Statement" above.</p> <p>_____</p>	<p><b>DATE</b></p>
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**FAIR CREDIT REPORTING ACT INFORMATION****A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N. W., Washington, D.C. 20580.

**You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment—or take another adverse action against you—must tell you and give you the name, address, and phone number of the agency that provided the information.

**You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identity theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

**You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a free, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

**You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

**Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined by the FCRA—usually to consider an application with a creditor, insurer, employer, landlord, or other business.

**Your consent is required for reports that are provided to employers.** A consumer reporting agency may not give out information about you to your employers, or a potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-888-5-OPTOUT (1-88-567-8688)/

**You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

Identity theft victims and active duty military personnel have additional rights. Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information visit, [www.ftc.gov/credit](http://www.ftc.gov/credit).



The FCRA gives several agencies authority to enforce the FCRA:

<b>TO COMPLAIN AND FOR INFORMATION:</b>	<b>PLEASE CONTACT:</b>
Consumer reporting agencies, creditors, and other not listed below	Federal Trade Commission Consumer Response Center – FCRA Washington DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B” appear in federal institution’s name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name”)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not members of the Federal Reserve system	Federal Deposit Insurance Corporations Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act 1921	Department of Agriculture Office of Deputy Administrator – GIPSA Washington, DC 20250 202-720-7051



**REFERENCE / BACKGROUND CHECK & DRUG TEST CONSENT FORM**

In connection with my application for employment (including contract for service) with Dan T. Moore Company (“The Company”), I understand that investigative inquiries may be obtained on me by a consumer reporting agency, and that any such report will be used solely for employment-related purposes. I understand that the nature and scope of this investigation will include a number of sources including, but not limited to, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, general reputation, personal characteristics, mode of living and work habits. Information relating to my performance and experience, along with reasons for termination of past employment from previous employers, may also be obtained. Further I understand that you will be requesting information from various Federal, State, County, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil, education, and other experiences.

I understand that if “The Company” hires me, it may request a consumer report or an investigative consumer report about me for employment-related purposes during the course of my employment. The scope of this investigation will be the same as the scope of a pre-employment investigation, and that the nature of such an investigation will be my continuing suitability for employment, or whether I possess the minimum qualifications necessary for promotion, or transfer to another position. I understand that my consent will apply throughout my employment, unless I revoke or cancel my consent by sending a signed letter or statement to “The Company” at any time, stating that I revoke my consent and no longer allow “The Company” to obtain consumer or investigative consumer reports about me.

I understand that I am being given a copy of the “Summary of Your Rights under the Fair Credit Reporting Act” prepared pursuant to 15 U.S.C. Section 1681-1681U. If I am applying for employment in the State of California or I am a resident of California at the time of applying for employment, a summary of the provisions of California Civil Code section 1786.22 is also being provided to me with this form. If I am applying for employment in the State of New York or I am a resident of New York at the time of applying for employment, in compliance with Section 380-c of the New York general Business law, I am being provided with a copy of New York Correction Law Article 23-a. This Disclosure and Authorization form, in original, faxed, photocopied, or electronic form, will be valid for any report that may be requested by “The Company”.

It is “The Company’s” policy to not employ persons who use illegal drugs or abuse alcohol. Accordingly, “The Company” shall have the right to require candidates/employees to submit to testing for drugs and / or alcohol use as a continuing condition of employment as “The Company” deems necessary for the safe and efficient operation of the company. An employee who refuses to submit to drug and / or alcohol testing or who tests positive may be suspended from duty pending further investigation and may be subject to discipline, up to and including immediate discharge.

I authorize without reservation any party or agency contracted by this employer to furnish the above mentioned services. I hereby consent to your obtaining the above information from J.A.B Investigative Services LLC. (And/or any of their licensed Agents) located at P.O Box 44371, Brooklyn, Ohio 44144. I understand to aid in the proper identification of my file or record of the following identifiers, as well as other information, as necessary.

Print Name:

Date of Birth :

Address :

Social Security Number :

License Number :

APPLICANT SIGNATURE :

PROSPECTIVE EMPLOYER SIGNATURE :