



1010 First Avenue
 Jasper, IN 47546-3201
 (812) 482-3242
 Fax (812) 482-0889
 www.jasperrubber.com

APPLICATION FOR EMPLOYEE - OWNERSHIP

Instructions: To be fairly considered for employment, please answer each question leaving nothing blank. If question does not apply to you, write "N/A" or "None". Be sure to read and sign applicant's agreement on back page. Your application will be considered active for twelve months. DATE _____

PERSONAL

LAST NAME			FIRST		MIDDLE		SOCIAL SECURITY #		
STREET ADDRESS				CITY		STATE		ZIP	
HOME PHONE () ()				DAYTIME PHONE () ()					
If any records are in another name, please list:				Are you 18 years old or older? Yes <input type="checkbox"/> No <input type="checkbox"/>				Phone # to leave message: () ()	
Email address, if any				Birth Date if under 18				Do you have a valid Driver's License? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you been convicted of, or entered into any plea agreement relating to, a criminal offense other than minor traffic violations that has not been expunged by a court? (Note: Conviction of a crime will not necessarily disqualify you from consideration for employment, since the nature of the offense, date and the job for which you are applying is also considered.) <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain: _____						Are you a previous employee of Jasper Rubber? <input type="checkbox"/> Yes <input type="checkbox"/> No Dates of employment _____			
						Are you re-applying with Jasper Rubber after completing Military Duty? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you know of anyone in our employ, state their name(s) and department(s):							Date available for employment:		
Position(s) interested in: 1) _____ 2) _____					How did you hear about Jasper Rubber? <input type="checkbox"/> Newspaper <input type="checkbox"/> Friend <input type="checkbox"/> JRP Employee <input type="checkbox"/> Other _____				
Work preference: (Check all that apply) <input type="checkbox"/> Full Time <input type="checkbox"/> Office <input type="checkbox"/> Part Time <input type="checkbox"/> Manufacturing <input type="checkbox"/> Temporary <input type="checkbox"/> Any Shift <input type="checkbox"/> Summer			Available for: <input type="checkbox"/> 1st Shift 6:00 a.m. - 2:00 p.m. <input type="checkbox"/> 2nd Shift 2:00 p.m. - 10:00 p.m. <input type="checkbox"/> 3rd Shift 10:00 p.m. - 6:00 a.m. <input type="checkbox"/> Any Shift						

EDUCATION

School	Name, City and State	Number of Years Completed	Degree Attained	Nature of courses taken or degree attained
High School	Name		<input type="checkbox"/> Yes	
	Address City State Zip		<input type="checkbox"/> No	
Vocational Technical	Name		<input type="checkbox"/> Yes	
	Address City State Zip		<input type="checkbox"/> No	
College	Name		<input type="checkbox"/> Yes	
	Address City State Zip		<input type="checkbox"/> No	
Graduate School	Name		<input type="checkbox"/> Yes	
	Address City State Zip		<input type="checkbox"/> No	

EMPLOYMENT HISTORY

Please give accurate full time and part time record

PRESENT EMPLOYER

Name	Employment From	Starting Position	Salary/Wages
	Mo. Yr.		
Address City State Zip	To.	Current Position	Salary/Wages
	Mo. Yr.		
Company Telephone Number ()	Type of Business	Supervisor's Name	Phone Number ()
Describe responsibilities, tasks performed and/or skills used. (Machines, Tools, etc)			
Reason for leaving / Considering Leaving			If you prefer we not contact your present employer, please check this box <input type="checkbox"/>

Name	Employment From	Starting Position	Salary/Wages
	Mo. Yr.		
Address City State Zip	To.	Current Position	Salary/Wages
	Mo. Yr.		
Company Telephone Number ()	Type of Business	Supervisor's Name	Phone Number ()
Describe responsibilities, tasks performed and/or skills used. (Machines, Tools, etc)			
Reason for leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Employment From	Starting Position	Salary/Wages
	Mo. Yr.		
Address City State Zip	To.	Current Position	Salary/Wages
	Mo. Yr.		
Company Telephone Number ()	Type of Business	Supervisor's Name	Phone Number ()
Describe responsibilities, tasks performed and/or skills used. (Machines, Tools, etc)			
Reason for leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

Name	Employment From	Starting Position	Salary/Wages
	Mo. Yr.		
Address City State Zip	To.	Current Position	Salary/Wages
	Mo. Yr.		
Company Telephone Number ()	Type of Business	Supervisor's Name	Phone Number ()
Describe responsibilities, tasks performed and/or skills used. (Machines, Tools, etc)			
Reason for leaving			May We Contact <input type="checkbox"/> Yes <input type="checkbox"/> No

SKILLS AND EXPERIENCE

Summarize special job related skills and qualifications acquired from employment, education or other experiences that may qualify you for a position with us.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

List at least 3 individuals who are best acquainted with your work performance and/or academic achievement.

Name	Job Title	How do you know this person?	
Company Name		Years Acquainted	Telephone Number
Address	City	State	Zip
			()

Name	Job Title	How do you know this person?	
Company Name		Years Acquainted	Telephone Number
Address	City	State	Zip
			()

Name	Job Title	How do you know this person?	
Company Name		Years Acquainted	Telephone Number
Address	City	State	Zip
			()

APPLICANT'S AGREEMENT

Please read and initial each paragraph before signing.

In exchange for your extending me the opportunity of seeking employment with Jasper Rubber Products (hereafter referred to as "Company"), I understand and agree that:

1. Falsification

Any falsification or omission of fact made in my application for at-will employment or in connection with any background investigation may be sufficient grounds for rejection of my application, or if discovered either after an offer of employment or after employment had commenced, for immediate dismissal.

2. Consent to Contact Past Employers

I give permission to Jasper Rubber to contact all employers listed in my application (except those specifically excluded) for references. I further give permission to all current or previous employers and/or managers or supervisors to discuss with Jasper Rubber my personal and employment history, consent to the release of such information orally or in writing, and hereby release them from all liability and agree not to sue them for defamation or other claims based upon any statements they make to any representatives of Jasper Rubber. I further waive any rights I may have to receive a copy of any written statement provided by any of your former employers to Jasper Rubber. I further agree to indemnify all past employers for any liability they may incur because of their reliance upon this release.

3. Substance Screening Examination

Employment is contingent upon my satisfactory completion of the Company's substance screening examination. This examination will include a drug test to detect the presence of non-prescribed or prohibited controlled substances in my system. I understand that collected test samples and results will be the property of the Company. Any doctor, hospital, or testing laboratory may conduct medical or drug tests, and I hereby give my consent to have all information released necessary for the Company to determine my abilities to perform job duties now or in the future.

4. Consent to Conduct Background Investigation

As a condition of and in consideration for Jasper Rubber's consideration of my application for, or continuation of my, at-will employment, I give permission to Jasper Rubber to investigate my personal and employment history. I understand that this background investigation will include, but not be limited to, verification of all information on this application, as well as interviews with past employers. I further give permission to Jasper Rubber to conduct this investigation and to discuss the results of this investigation in connection with my application for employment.

5. Consent to Contact Government Agencies

I give permission to any agent, attorney, or representative of Jasper Rubber to receive a copy of any information obtained in the file of any federal, state, or local court, governmental agency, law enforcement agency, or investigator concerning or relating to me. I further consent to the release of such information and waive any right under state law concerning notification of the request for a release of such information. In the event a state law does not provide for prospective employers to have access to information, I hereby delegate Jasper Rubber as my agent for receipt of information. I understand that the scope of this investigation will be limited to criminal and/or civil records that relate to my honesty, integrity and/or abilities and suitable for employment with Jasper Rubber.

6. Cooperation with Investigation

I agree to fully cooperate in Jasper Rubber's background investigation in to my suitability for employment and further, if employed, to fully cooperate in any investigations, which arise during my employment, and to sign any waivers or releases that may be necessary to obtain access to relevant information. In the event that any former employer or federal, state, or local government agency will not release reference information or criminal history information directly to the employer, I agree to personally request such information and take such steps as may be necessary to furnish it to Jasper Rubber to the extent permitted by law.

7. Employment "At Will"

If I am offered and accept employment with the Company, such employment may be terminated "at will" at any time by myself, or at any time by the Company, for any reason, and with or without notice, except as otherwise provided by law. If terminated, the Company is liable only for wages or salary and other benefits earned by me as of the date of such separation. I agree to conform to the rules and regulations of the Company, and I understand that no interviewer, employee, officer or any other representative of the Company has any authority to enter into any agreement, oral or written, for employment for any specified period of time, or to make any agreement or contract contrary to this agreement.

8. Equal Opportunity Employer

The Company is an Equal Opportunity Employer. The Company does not discriminate in any condition of employment based upon age, race, color, religion, sex, national origin, disability, military status or other legally protected status. No question on my employment application is used for a purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state, or federal law.

I hereby certify that all responses contained within this application are true and correct.

Applicant's Signature _____

Date _____