

EMPLOYMENT RECORD: INCLUDE ANY PREVIOUS EMPLOYMENT WITH THIS COMPANY
(Include Military Service as a part of the employment record. Use the space on the back page to account for any periods of unemployment of one month or more.)

Employer _____ From (month/year) _____ To (month/year) _____

Address _____ Telephone number _____

Job title _____ Supervisor's name _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

Employer _____ From (month/year) _____ To (month/year) _____

Address _____ Telephone number _____

Your title _____ Supervisor's name _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

Employer _____ From (month/year) _____ To (month/year) _____

Address _____ Telephone number _____

Your title _____ Supervisor's name _____

Describe your duties and responsibilities: _____

Reason for leaving: _____

Employer _____

From (month/year) _____

To (month/year) _____

Address _____

Telephone number _____

Your title _____

Supervisor's name _____

Describe your duties and responsibilities:

Reason for leaving: _____

GENERAL INFORMATION

ARE YOU 18 YEARS OF AGE OR OLDER? _____ Yes _____ No

DO YOU HAVE A VALID DRIVER'S LICENSE?
(A copy will be obtained to verify) _____ Yes _____ No

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE
UNITED STATES? (Successful applicants will be required
to prove identity and eligibility for employment.) _____ Yes _____ No

Do you have experience in, or have you ever worked
in a similar industry or business before? _____ Yes _____ No
If yes, please explain (including length, position, and industry).

Have you ever been employed or attended school using any other name? _____ Yes _____ No

If yes, please list: _____

Are you able to perform the primary duties of the job as outlined in the newspaper advertisement,
announcement, posting, job-line, job description, etc., with or without reasonable accommodation?

_____ Yes _____ No

Do you have any employment restrictions resulting from a non-compete or confidentiality agreement?

_____ Yes _____ No

**IF NEEDED, PLEASE USE THE SPACE BELOW TO PROVIDE ANY ADDITIONAL
INFORMATION:
(Additional employers, periods of time not worked, etc.)**

REFERENCES:

Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ CAREFULLY BEFORE SIGNING.

I certify that I have answered the above questions truthfully and have not withheld any information relative to my application. I understand that any falsification, misrepresentation, or omission, as well as any misleading statements or omissions of the application information, attachments, and supporting documents generally will result in denial of employment or immediate termination, if discovered after hire.

I further authorize WEST COAST INDUSTRIAL SYSTEMS, INC. to obtain information in connection with this application from references, prior employers, and others, and I hereby release them from any liability and hold them harmless from releasing such information to WEST COAST INDUSTRIAL SYSTEMS, INC., and I release WEST COAST INDUSTRIAL SYSTEMS, INC. from any liability and hold them harmless for using such information.

I understand and acknowledge that successful applicants, before starting employment, will be required to complete a background investigation for a record of convictions, and if found, the nature of such convictions and the surrounding circumstances of the conviction. WEST COAST INDUSTRIAL SYSTEMS, INC. has advised me that any criminal background check will focus on convictions, and that a criminal record will not necessarily disqualify me from employment.

I understand and acknowledge that successful applicants, before starting employment, may be required to submit to a physical examination, including drug test. Additionally, I hereby authorize the release of the results of such an examination to WEST COAST INDUSTRIAL SYSTEMS, INC. for their use in evaluating my suitability for employment. Further, I release the examining facility and WEST COAST INDUSTRIAL SYSTEMS, INC. from any and all liability, and from any damage that may result from the release of such information.

If hired, I recognize the rules and policies of WEST COAST INDUSTRIAL SYSTEMS, INC. I understand that my employment and compensation can be terminated at any time, with or without cause, and with or without notice, at the option of WEST COAST INDUSTRIAL SYSTEMS, INC. or myself.

I acknowledge reading and understanding the foregoing statements.

Signature

Date

How did you hear about West Coast Industrial?

INVITATION TO SELF-IDENTIFY

Applicants and employees who wish to benefit under the affirmative Action Program at **West Coast Industrial Systems** are invited to identify themselves. This information is voluntarily provided, it will be kept confidential, and refusal to provide it will not subject any applicant or employee to any adverse treatment. Nothing shall preclude employees from informing the company at a future time of a desire to benefit under this program.

VETERAN OR SPECIAL DISABLE VETERAN

A veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the veterans administration for a disability; (A) rated at 30% or more, or (B) rated at 10 or 20 % in cases of a veteran who has been determined under section 1506 of title 38 USC to have a serious employment handicap; (2) A person who was discharged or released from active duty because of service-connected disability.

VETERAN OF VIETNAM ERA

A Veteran, any part of whose active military, naval, or air service was during the period August 5, 1963 through May 7, 1975, who (1) served on active duty for a period of more than 180 days and was discharged or released there from with other than a dishonorable discharge, or (2) was discharged or released from active duty because of a service-connected disability. No veteran may be considered to be a veteran of the Vietnam Era under this paragraph after December 31, 1994.

HANDICAPPED/DISABLED

Any person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment, of (3) is regarded as having such impairment. For purposes of this part a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap or disability.