

**MASTER MAGNETICS, INC.**  
**APPLICATION FOR EMPLOYMENT**  
**Equal Opportunity Employer**

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. If you need to provide further explanations or comments, please include them in the body of your e-mail. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for  Today's Date

Are you seeking:  Full-time  Part-time  Temporary Date you can start

Phone

Last Name First Name M.I. Numbers

Present **Street** Address Mailing Address City State Zip Code

Are you 18 years of age or older? Yes  No   
 (If hired, you may be required to submit proof of age.)

E-mail address  If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Who/What referred you to us?  Salary desired

Are you presently employed? Yes  No  If yes, whom do you suggest we contact for a reference?

Have you ever applied here before? Yes  No  If yes, when?

Were you ever employed here? Yes  No  If yes, when?

Do you have any relatives currently employed by this company? Yes  No  If yes, who?

Have you ever been fired from a job or asked to resign? Yes  No  If yes, please explain:

Have you ever been convicted of any law violation? Yes  No  If yes, please explain:   
 (Include any plea of "guilty" or "no contest", exclude minor traffic violations)  
 A conviction will not necessarily disqualify an applicant for employment.

Have you reviewed the job description? Yes  No  Do you understand these requirements? Yes  No

Can you perform the requirements of this job with or without reasonable accommodation? Yes  No

**LIST NAMES AND ADDRESSES OF SCHOOLS** No. of years completed Degree/Diploma

High School or GED

College or University

What skills or additional training do you have that relate to the job for which you are applying?

What machines or equipment can you operate that relate to the job for which you are applying?

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **Note: A job offer may be contingent upon acceptable references from current and former employers.**

①     
 Name of Present/Last Employer City/State Phone

Job Title and Duties

Dates of Employment    
 Supervisor(s) From (mo/yr) To (mo/yr)

Salary    
 Reason for Leaving Start End

②     
 Name of Employer City/State Phone

Job Title and Duties

Dates of Employment    
 Supervisor(s) From (mo/yr) To (mo/yr)

Salary    
 Reason for Leaving Start End

③     
 Name of Employer City/State Phone

Job Title and Duties

Dates of Employment    
 Supervisor(s) From (mo/yr) To (mo/yr)

Salary    
 Reason for Leaving Start End

④     
 Name of Employer City/State Phone

Job Title and Duties

Dates of Employment    
 Supervisor(s) From (mo/yr) To (mo/yr)

Salary    
 Reason for Leaving Start End

**PERSONAL REFERENCES** - Please give three references, **not relatives or former employers.**

Name Address Phone

Name Address Phone

Name Address Phone

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

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.

I understand I may be required to successfully pass 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 if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

**I understand that this application, verbal statements by management, or subsequent employment does not create an express or implied contract of employment nor guarantee employment for any definite period of time. Only the president of the organization has the authority to enter into an agreement of employment for any specified period and such agreement must be in writing signed by the president and the employee. 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 reason and with or without notice.**

I have read, understand, and by signing my name below, consent to these statements.

Full Name

Date

This application for employment will remain active for 30 days.

**PRE-EMPLOYMENT DRUG TESTING POLICY**

It is the right, obligation, and intent of Master Magnetics, Inc. to maintain a safe, healthful, and efficient working environment for its employees, and to protect Company property, equipment, and operations. An employee under the influence of a drug or alcohol on the job may pose serious safety and health risks, not only to the user but to all those who work with or otherwise come into contact with the user. Our stance against alcohol and drug use in the workplace is not a "moral" issue; rather, it is an issue that affects our health and our safety. Studies show that drug and alcohol use in the workplace may be the single greatest factor responsible for industrial accidents and injuries, declining productivity, employee theft, and low employee morale.

With these basic objectives in mind, Master Magnetics, Inc. has established the following policy with regard to the use, possession, sale, or distribution of alcohol or drugs. Master Magnetics, Inc. will maintain preemployment screening practices that includes testing for the presence of illegal drugs.

In the interest of safety, the protection of our employees, our equipment, and our customers, Master Magnetics, Inc. will require, as one of the steps in the hiring process, that all otherwise qualified applicants for employment with this Company consent and submit to testing for illegal or incapacitating drug use.

- All otherwise qualified applicants for employment will be tested for drug use prior to hiring by Master Magnetics, Inc. Such testing will include the analysis of urine, or any other medically accepted testing procedure.
- Refusal to consent to and participate in such drug testing will automatically disqualify the applicant from further hiring consideration.
- Applicants testing positive for presence of drugs in their bodies will automatically be disqualified from further hiring consideration after confirmatory testing.
- Master Magnetics, Inc. will conduct confirmatory testing of initial positive testing results.
- Unless required by law, Master Magnetics, Inc. will not disclose individual drug testing results to anyone other than the applicant without a written release from the applicant requesting disclosure to certain designated parties.

I understand that Master Magnetics, Inc. requires drug testing as a part of its selection and hiring process. I also understand that such drug testing will consist of taking of urine, or any other medically recognized test designed to detect traceable amounts of drugs in the body. I further understand that if such testing indicates the presence of drugs in my body, I will be disqualified from further hiring consideration. I hereby give my consent to Master Magnetics, Inc. to administer any or all of the above drug testing procedures to me, and to use the results thereof in further determining my employability with this Company. I understand that this is not a contract for employment and that even if employed, I will remain terminable-at-will and free to resign at any time I wish.

I have read, understand, and by signing my name below, consent to these statements.

Full Name

Date of Application

## APPLICANT RELEASE

This form is used in our process of performing reference with applicants' prior employers. Please sign the forms and return them to our Human Resource Department. Your assistance will expedite our consideration of you as a prospective employee of

### Master Magnetics, Inc.

I authorize the following companies and/or their agents to verify any of the information given by me, including information about my job performance and employment, and hereby release any said companies and/or its agents from any liability for any damage whatsoever for issuing this information.

Name  Name employed under   
Former Employer   
Approximate dates of employment   Last Job Title   
From To

Name  Name employed under   
Former Employer   
Approximate dates of employment   Last Job Title   
From To

Name  Name employed under   
Former Employer   
Approximate dates of employment   Last Job Title   
From To

I have read, understand, and by signing my name below, consent to these statements.

Full Name  Date