

APPLICATION FOR EMPLOYMENT

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION IN COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY STATUTES.

DATE

For Office Use Only

| | |
|-------------|---------------------------------------------------------------------|
| APPLICATION | <input type="checkbox"/> FILED <input type="checkbox"/> ACCEPTED |
| CLOCK NO. | DATE |

AN EQUAL OPPORTUNITY EMPLOYER

If not between the ages of 18 and 70, please check box

| | | | | |
|------------------|-------|--------|----------|-----------------------|
| LAST NAME | FIRST | MIDDLE | | PHONE |
| PRESENT ADDRESS | CITY | STATE | ZIP CODE | LIVED HERE HOW LONG? |
| PREVIOUS ADDRESS | CITY | STATE | ZIP CODE | LIVED THERE HOW LONG? |

Are you a US Citizen? Yes No

Proof of citizenship or immigration shall be required upon employment.

| | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------|----------------------|
| POSITION(S) APPLIED FOR | PREFERRED SHIFT | <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME | RATE OF PAY EXPECTED |
| Have you worked for any of the Keller Group of Companies before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, which one? <input type="checkbox"/> Kalwall <input type="checkbox"/> Keller Products <input type="checkbox"/> Structures Unlimited <input type="checkbox"/> Solar Components <input type="checkbox"/> Other _____ When? _____ | | | |
| NAME RELATIVES WORKING FOR US, OTHER THAN SPOUSE | | | |
| LIST SPECIAL SKILLS/MACHINERY YOU CAN OPERATE | | | |
| | | | |
| Are you limited in performing certain kinds of work? Explain. | | | |
| | | | |
| Have you been convicted of a crime in the past 5 years, excluding misdemeanors and summary offenses? _____ If yes, describe conviction: | | | |
| | | | |
| If your application is considered favorably, on what date will you be available for work? | | | |
| | | | |

| EDUCATION (LIST NAME AND LOCATION OF SCHOOL) | COURSE OF STUDY | No. of years Attended | Did you Graduate? |
|----------------------------------------------|-----------------|-----------------------|-------------------|
| ELEMENTARY SCHOOL | | | |
| HIGH SCHOOL | | | |
| COLLEGE | | | |
| GRADUATE SCHOOL | | | |
| TRADE, BUSINESS, OR OTHER | | | |
| | | | |
| | | | |

List below all present and past employment, beginning with your most recent.

| NAME AND ADDRESS | KIND OF WORK | | | | STARTING WAGE | FINAL WAGE | REASONS FOR LEAVING |
|--------------------------|--------------|----------|--------|--------|---------------|------------|---------------------|
| | From Mo. | From Yr. | To Mo. | To Yr. | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |
| <input type="checkbox"/> | | | | | | | |

WE WILL CONTACT YOUR PREVIOUS EMPLOYER UNLESS YOU CHECK THE APPROPRIATE BOX

| | | |
|-------------------------------------------------------------------------------------------------------------------------|---------------|-------------------|
| Were you in the U.S. Armed Forces? <input type="checkbox"/> YES - If yes, name branch <input type="checkbox"/> NO | DATES OF DUTY | RANK AT DISCHARGE |
| LIST DUTIES AND SPECIAL TRAINING | | |

READ BEFORE SIGNING

I hereby grant permission to investigate any of the information in this application and to submit to a medical examination. I understand that final acceptance and continuance as an employee is subject to the following conditions:

1. A positive report by a medical examiner qualifying me for the job for which I am applying.
2. Satisfactory reference report from previous employers I have listed.
3. Periodic evaluation of my work performance, attendance, adherence to company policies, safety, health and environmental regulations.
4. It is understood that employment is at the will of both parties and may be terminated at employee's or management discretion at anytime, with or without notice, with or without cause.
5. I am a citizen of the United States or have appropriate work permit documentation.

Signature of applicant _____

In Case of Emergency Notify:

Name: _____

Address: _____ Phone Number: _____

DO NOT WRITE BELOW THIS LINE

| | | |
|------------------------------------------------------------------------------------|---------------|---------------|
| INTERVIEW <input type="checkbox"/> YES <input type="checkbox"/> NO | DATE | HOUR |
| RESULT OF INTERVIEW | | |
| ACCEPTABLE FOR EMPLOYMENT <input type="checkbox"/> YES <input type="checkbox"/> NO | STARTING RATE | STARTING DATE |
| OCCUPATION | DEPARTMENT | CLOCK NO. |
| INTERVIEWED BY | APPROVED BY | DATE APPROVED |