


# APPLICATION FOR EMPLOYMENT

|   |   |  |  |  |  |  |  |  |  |  |
|---|---|--|--|--|--|--|--|--|--|--|
| Office Use Only<br>Clock No.<br><br>3. Telephone Number   |  <p style="margin: 0;"> <b>Belletech</b><br/>                     P.O. Box 790<br/>                     700 West Lake Avenue<br/>                     Bellefontaine, Ohio 43311<br/>                     Tel: 937-599-3774<br/>                     APPLICATION MUST BE COMPLETED IN FULL                 </p> |  |  |  |  | Office Use Only  |  |  |  |  |
|   | 4. Present Address      Street                                  City                                  County                                  State                                  Zip Code                                  5. Lived Here How Long?  |  |  |  |  |  |  |  |  |  |
|   | 6. Last Previous Address      Street                                  City                                  County                                  State                                  Zip Code                                  7. Lived There How Long?   |  |  |  |  |  |  |  |  |  |
| 2. Social Security Number   | 8. Specifically State The Position For Which You Are Applying   |  | 9. Date Available To Work  | 10. Referred To Belletech By   |  | 11. Starting Wage Desired<br>_____ Per Hour<br>_____ Per Week<br>_____ Per Month |  |  |  |  |
|   | 12. Have You Ever Been Interviewed By Or Worked For Belletech Before? <input type="checkbox"/> YES - If So, When And Where? <input type="checkbox"/> NO   |  |  | 13. Are You Over Age 18? <input type="checkbox"/> NO      If No, Hire Is Subject To Verification That You Are Of Legal Minimum Age. <input type="checkbox"/> YES |  |  |  |  |  |  |
|   | 14. I Want To Work (Check One).<br><input type="checkbox"/> Full Time<br><input type="checkbox"/> Part Time   |  | 15. I Will Work (For Each Box, Check More Than One, If Applicable)<br><input type="checkbox"/> Weekdays Only<br><input type="checkbox"/> Or Weekdays And Weekends<br><input type="checkbox"/> First Shift<br><input type="checkbox"/> Second Shift<br><input type="checkbox"/> Third Shift |  |  |  |  |  |  |  |
| 16. List Your Friends Who Work For Belletech.   |   |  |  | 16. List Relatives And Relationship Employed By Belletech.   |  |  |  |  |  |  |
| Middle<br><br><br>First<br><br><br>Last   | 18. Were You In The U.S. Armed Forces? <input type="checkbox"/> YES - If Yes, Name Branch <input type="checkbox"/> NO   |  |  | 19. Dates Of Duty  |  | 20. Rank At Discharge  |  |  |  |  |
|   | 21. List Duties And Special Training While In U.S. Armed Forces:  |  |  |  |  |  |  |  |  |  |
|   | 22. Have You Ever Been Convicted Of A Felony? <input type="checkbox"/> YES - If Yes, For What Offense? Give Date, Place And Disposition <input type="checkbox"/> NO   |  |  |  |  |  |  |  |  |  |
| 23. Are You In This Country On A Visa Which Would Not Permit You To Work Here? <input type="checkbox"/> YES <input type="checkbox"/> NO |   |  |  |  |  |  |  |  |  |  |

**24. EDUCATION AND TRAINING**

|             | Name And Location   | Check Last Year Completed |   |   |   | Did You Graduate? | List Degree Or Diploma | Course Of Study Or Major | Class Rank |
|-------------|---|---------------------------|---|---|---|-------------------|------------------------|--------------------------|------------|
|             |   | 1                         | 2 | 3 | 4 |                   |                        |                          |            |
| HIGH SCHOOL |   |                           |   |   |   |                   |                        |                          |            |
|             |   |                           |   |   |   |                   |                        |                          |            |
|             |   |                           |   |   |   |                   |                        |                          |            |
| COLLEGE     | Name And Location   |                           |   |   |   |                   |                        |                          |            |
|             |   |                           |   |   |   |                   |                        |                          |            |
|             |   |                           |   |   |   |                   |                        |                          |            |
| OTHER       | List Graduate School, Apprentice Programs, Special Training And Service Schools |                           |   |   |   |                   |                        |                          |            |
|             |   |                           |   |   |   |                   |                        |                          |            |
|             |   |                           |   |   |   |                   |                        |                          |            |
|             |   |                           |   |   |   |                   |                        |                          |            |
| G.E.D.      | Received From:  |                           |   |   |   |                   | Diploma No.            | Year                     |            |

**SPECIAL SKILLS** List Machinery You Can Operate:

**OFFICE SKILLS** List Skills: Typing Speeds, Shorthand, Office Equipment:

**SPECIAL LICENSES** List Any Special Licenses That You Hold: Year Issued And Expiration Dates:

**APPLICANT USE THIS SPACE FOR ANY ADDITIONAL COMMENTS OR INFORMATION ABOUT EDUCATION AND TRAINING**

Blank space for additional comments or information about education and training.

25. EMPLOYMENT RECORD – Begin with current or most recent employer, including Military Service. Please explain all gaps in employment history.

|   |  |  |  |                                     |  |  |  |
|---|--|--|--|-------------------------------------|--|--|--|
| COMPANY NAME<br>1.  |  | DATES EMPLOYED<br>From To<br>Mo. Yr. Mo. Yr. |  | WAGE PER HR.<br>Start Last<br>\$ \$ |  | Name & Title Of Your Supervisor  |  |
| ADDRESS   |  | DESCRIBE THE WORK YOU DID                    |  |                                     |  |  |  |
| PHONE   |  |  |  |                                     |  |  |  |
| POSITION TITLE  |  |  |  |                                     |  |  |  |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |  | EXPLANATION                                  |  |                                     |  | REASON FOR LEAVING<br>CHECK ONE<br>Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> |  |

|   |  |  |  |                                     |  |  |  |
|---|--|--|--|-------------------------------------|--|--|--|
| COMPANY NAME<br>2.  |  | DATES EMPLOYED<br>From To<br>Mo. Yr. Mo. Yr. |  | WAGE PER HR.<br>Start Last<br>\$ \$ |  | Name & Title Of Your Supervisor  |  |
| ADDRESS   |  | DESCRIBE THE WORK YOU DID                    |  |                                     |  |  |  |
| PHONE   |  |  |  |                                     |  |  |  |
| POSITION TITLE  |  |  |  |                                     |  |  |  |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |  | EXPLANATION                                  |  |                                     |  | REASON FOR LEAVING<br>CHECK ONE<br>Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> |  |

|   |  |  |  |                                     |  |  |  |
|---|--|--|--|-------------------------------------|--|--|--|
| COMPANY NAME<br>3.  |  | DATES EMPLOYED<br>From To<br>Mo. Yr. Mo. Yr. |  | WAGE PER HR.<br>Start Last<br>\$ \$ |  | Name & Title Of Your Supervisor  |  |
| ADDRESS   |  | DESCRIBE THE WORK YOU DID                    |  |                                     |  |  |  |
| PHONE   |  |  |  |                                     |  |  |  |
| POSITION TITLE  |  |  |  |                                     |  |  |  |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |  | EXPLANATION                                  |  |                                     |  | REASON FOR LEAVING<br>CHECK ONE<br>Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> |  |

|   |  |  |  |                                     |  |  |  |
|---|--|--|--|-------------------------------------|--|--|--|
| COMPANY NAME<br>4.  |  | DATES EMPLOYED<br>From To<br>Mo. Yr. Mo. Yr. |  | WAGE PER HR.<br>Start Last<br>\$ \$ |  | Name & Title Of Your Supervisor  |  |
| ADDRESS   |  | DESCRIBE THE WORK YOU DID                    |  |                                     |  |  |  |
| PHONE   |  |  |  |                                     |  |  |  |
| POSITION TITLE  |  |  |  |                                     |  |  |  |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |  | EXPLANATION                                  |  |                                     |  | REASON FOR LEAVING<br>CHECK ONE<br>Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> |  |

|   |  |  |  |                                     |  |  |  |
|---|--|--|--|-------------------------------------|--|--|--|
| COMPANY NAME<br>5.  |  | DATES EMPLOYED<br>From To<br>Mo. Yr. Mo. Yr. |  | WAGE PER HR.<br>Start Last<br>\$ \$ |  | Name & Title Of Your Supervisor  |  |
| ADDRESS   |  | DESCRIBE THE WORK YOU DID                    |  |                                     |  |  |  |
| PHONE   |  |  |  |                                     |  |  |  |
| POSITION TITLE  |  |  |  |                                     |  |  |  |
| <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time |  | EXPLANATION                                  |  |                                     |  | REASON FOR LEAVING<br>CHECK ONE<br>Quit <input type="checkbox"/> Layoff <input type="checkbox"/> Discharged <input type="checkbox"/> |  |

**USE THIS SPACE FOR ADDITIONAL COMMENTS ABOUT EMPLOYMENT RECORD**

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**26. PROFESSIONAL REFERENCES:** (Names of persons - not relatives - who can provide professional and/or character references - **MUST** list at least one)

| NAME | ADDRESS | PHONE | OCCUPATION | YEARS KNOWN |
|------|---------|-------|------------|-------------|
|      |         |       |            |             |
|      |         |       |            |             |
|      |         |       |            |             |

**27. IN CASE OF EMERGENCY THE FOLLOWING PERSONS SHOULD BE NOTIFIED: TWO (2) REQUIRED**

| NAME AND ADDRESS | RELATIONSHIP | PHONE |
|------------------|--------------|-------|
| (1)              |              |       |
| (2)              |              |       |

ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO AGE, DISABILITY, RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN OR MILITARY STATUS.

**29. NAME OF PERSON COMPLETING THIS FORM, IF OTHER THAN APPLICANT:**

**28. AFFIDAVIT**

"I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be liable in any respect if my employment is terminated because of the falsity of statements, answers or omissions made by me in the Application for Employment. I authorize the companies, schools and other references named above to provide information regarding me and to release personal, academic and other records concerning me."  
 I understand and agree that if I am offered employment, the offer is contingent upon the results of a medical examination.

The use of this application does not indicate there are positions open and does not in any way obligate the Company. This application must be completed entirely, signed and dated.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

Month Day Year