



## GROUP APPLICATION FOR EMPLOYMENT

PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS

The Group Companies fully subscribe to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, gender, veteran status, disability or any other characteristic prohibited by federal, state or local law. In accordance with requirements of the Americans with Disability Act, it is our policy to provide reasonable accommodations upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and state employment laws and the information requested on this application will only be used for purposes consistent with those laws.

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### PERSONAL DATA

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Name (Last, First, Middle) \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Contact Number: \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If not, state your age for child labor laws purposes only: \_\_\_\_\_

Are you available for all shifts? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

Are you available for out of town work? \_\_\_\_\_ Will you work overtime, if necessary? \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

How did you learn of the Group? \_\_\_\_\_

If referred, who were you referred by? \_\_\_\_\_

Have you applied or worked here before? \_\_\_\_\_ When: \_\_\_\_\_

Do you have the legal right to work and be employed in the United States? Yes \_\_\_\_ No \_\_\_\_

Documentation as described by state and federal regulations will be required to complete the I-9 form and then verified through the federal database.

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B visa status)? \_\_\_\_\_

NOTE: The Federal Immigration and Reform and Control Act of 1986 requires that an INS Employment Eligibility Verification "Form I-9" be completed for every new hire and that within 3 business days of beginning work every new hire must present to the employer documentation establishing his/her identity and authorization to work. **This federal requirement must be satisfied as a condition of employment.**

Have you been convicted of a felony within the last seven (7) years? \_\_\_\_\_ Date of Conviction: \_\_\_\_\_

**Note:** Answering "Yes" does not automatically exclude you from further consideration for the position. If yes, please explain on the Additional Comments page 1, including the penalty imposed.

Have you been convicted within the last seven (7) years of misappropriation of funds, embezzlement, or similar for other dishonest conduct; or an offense involving the use of a weapon; for burglary, robbery, breaking and entering or theft; of physical assault or other violent crimes? \_\_\_\_\_ If yes, please explain on the Additional Comments page. **Note:** Answering "yes" does not automatically exclude you from further consideration for the position.

Have you ever been a defendant in a civil action for an intentional tort (intentional commission of a wrongful act)? \_\_\_\_\_ If yes, include the nature of the intentional tort and the disposition of the action in the Additional Comments page. **Note:** Answering "yes" does not automatically exclude you from further consideration for the position.

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**RESIDENCES**

Please provide your addresses of residence for the past seven years beginning with the most recent address.  
If you need more space, please use the Additional Comments section

Street Address	City/State/Zip	From	To
Street Address	City/State/Zip	From	To
Street Address	City/State/Zip	From	To

**EDUCATION**

Describe any educational degrees, skills, training or experience you believe are relevant to the job applied for  
May or may not be considered depending on job applied for

Name, City, State of Educational Institution	Graduated?		Degree Earned	Major/Minor	Other Degrees or Credits Earned	GPA
	Yes	No				
High School						
College/University						
Technical/GED/Other						
Other Licenses/Certifications						

**UNITED STATES MILITARY SERVICE**

Branch \_\_\_\_\_ Dates of Service \_\_\_\_\_

Training received that pertains to the position applied \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please complete for all employment for the last ten (10) years, beginning with the most recent employer

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Company	Phone #
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Address	Employed:	From	TO
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Name of Supervisor	Rate of Pay:	Start	End
May we contact? Yes _____ No _____			

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Position or Title - Description of Job Duties	Reason for Leaving
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Company	Phone #
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Address	Employed:	From	TO
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Name of Supervisor	Rate of Pay:	Start	End
May we contact? Yes _____ No _____			

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Position or Title - Description of Job Duties	Reason for Leaving
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Company	Phone #
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Address	Employed:	From	TO
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Name of Supervisor	Rate of Pay:	Start	End
May we contact? Yes _____ No _____			

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Position or Title - Description of Job Duties	Reason for Leaving
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Company	Phone #
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Address	Employed:	From	TO
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Name of Supervisor	Rate of Pay:	Start	End
May we contact? Yes _____ No _____			

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Position or Title - Description of Job Duties	Reason for Leaving
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Please explain any gaps in your employment history:

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Have you signed any non-compete or non-solicit agreement with any other employer that might restrict you from working for this company?

If yes, explain: \_\_\_\_\_

You may be required to furnish a copy of the agreement.

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APPLICANT'S ACKNOWLEDGMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, omission of facts or incomplete answers in any application document will disqualify me from further consideration for employment. I further understand that, if employed, any misrepresentations or omissions of facts in any application document will be cause for my dismissal at any time without prior notice. MY SIGNATURE BELOW INDICATES I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT.

I understand that, if employed, my employment is not for a specific term and may be terminated by me or my Employer with or without notice or cause at any time. I further understand that no oral promise, Employer(s) policy, custom, business practice or other procedure (including the Employee's Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer(s).

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. For example, I may be required to take job-related tests; take a driver's examination and/or provide proof of car insurance for the state in which employment is based; satisfactorily pass a physical exam. Each applicant will be required to pass a Substance Abuse test and Background check upon acceptance of a job offer. I authorize the Group to release the results of background checks (if any) and my pre-employment drug/alcohol test (if any), any information on this application and any relevant information about me to other ASSA ABLOY companies for whom I have applied for employment, and release the Group from any and all claims related to the lawful release of this information.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_