



GUDENKAUF CORPORATION

2679 McKinley Avenue
Columbus, Ohio 43204
614-488-1776

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap, veteran status, religion or sexual orientation.

APPLICATION FOR EMPLOYMENT

PERSONAL

| | | | |
|---|-------|--------|---|
| Last Name | First | Middle | Date |
| Street Address | | | Home Phone () |
| City, State, Zip | | | Business Phone () |
| Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month & Year: Location: | | | Social Security No. |
| Position Desired | | | Pay Expected |
| How did you learn of our organization? | | | When will you be available to begin work? |

| | |
|---|---|
| Are you eligible to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No State: | Do you have a valid Commercial Driver's License (CDL) <input type="checkbox"/> Yes <input type="checkbox"/> No Drivers License #: Expiration: |
| Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, employment is subject to verification of minimum legal age. | |
| Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with what employers? | |
| Do you have any Moving Automobile Violations? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| Do you have any physical disabilities that would prevent you from performing your daily duties? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| Have you ever been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe in full: _____ | |

Information provided below is for reporting purposes only. Completing this section is not required but, if completed is completed on the applicants sole discretion. Completing this section **WILL NOT** determine your employment eligibility.

Are you (check if applicable):

Alaskan Native American Indian Asian or Pacific Islander Black Hispanic

FEMALE: Yes No

EMPLOYMENT HISTORY

All employment will be verified, except if currently working

Current or most recent:

| | |
|--|--|
| Company Name | Telephone ()- |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly or Hourly Pay Start: Last: |
| State Job Title and Describe Your Work | Reason for Leaving: |
| | |

Previous

| | |
|--|--|
| Company Name | Telephone ()- |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly or Hourly Pay Start: Last: |
| State Job Title and Describe Your Work | Reason for Leaving: |
| | |

Previous

| | |
|--|--|
| Company Name | Telephone ()- |
| Address | Employed (State Month and Year) From: To: |
| Name of Supervisor | Weekly or Hourly Pay Start: Last: |
| State Job Title and Describe Your Work | Reason for Leaving: |
| | |

PERSONAL REFERENCE

PLEASE LIST 3 PERSONAL OR PROFESSIONAL REFERENCES

| | |
|---------------------------------|-----------|
| Name: | Telephone |
| Address: City, State, Zip Code: | ()- |
| Name: | Telephone |
| Address: City, State, Zip Code: | ()- |
| Name: | Telephone |
| Address: City, State, Zip Code: | ()- |

OTHER SKILLS

PLEASE LIST OTHER SPECIAL TRAINING OR SKILLS (MACHINE OPERATION, LINEMAN, SPLICER, INSTALLER)

| | |
|--|--|
| <input type="checkbox"/> Backhoe, Number of Years: _____ <input type="checkbox"/> Trencher, Number of Years: _____ <input type="checkbox"/> Directional Boring Machine, Number of Yrs: _____ <input type="checkbox"/> Aerial Placement, Number of Years: _____ <input type="checkbox"/> Dump Truck, Number of Years: _____ | <input type="checkbox"/> Typing, WPM _____ <input type="checkbox"/> Accounting <input type="checkbox"/> Computer <input type="checkbox"/> Software, Please explain: _____ |
| Other, Please be specific: _____ | |
| | |
| | |

EDUCATION

| SCHOOL | NAME & LOCATION OF SCHOOL | COURSE OF STUDY | NUMBER OF YEARS COMPLETED | DEGREE OF DIPLOMA | |
|------------|---------------------------|-----------------|---------------------------|-------------------|-------------------|
| | | | | DID YOU GRADUATE | DEGREE OF DIPLOMA |
| COLLEGE | | | | | |
| HIGH | | | | | |
| ELEMENTARY | | | | | |
| OTHER | | | | | |

MILITARY

| | |
|---|-------------------------|
| Complete This Section If You Served in the U.S. Armed Forces | Branch of Service |
| Describe your duties and any special training | Rank at Discharge |
| | Date of Final Discharge |
| | |

SIGNATURE

The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this application may result in my dismissal.

I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.

I further understand and acknowledge that if I do become employed, my employment will be "AT WILL", meaning that either the company or myself may terminate the employment relationship at anytime, with or without cause.

If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name and address of the agency so I may obtain from them the nature and substance of the information contained in the report

Signature
Date