

EMPLOYMENT APPLICATION

Federal Law obligates us to provide reasonable accommodation for known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

AN EQUAL OPPORTUNITY EMPLOYER

| | | |
|--|--------------|--|
| Answer each question completely and accurately. No action can be taken on the application until all questions have been answered. | | |
| Position(s) Applied for: _____ Date Available for Work: _____ | | |
| Name: _____ | | |
| First | Middle | Last |
| Other Names Used: _____ | | |
| Residence Past 3 Years | | |
| Current Address: _____ | | Telephone: () _____ |
| City: _____ | State: _____ | Zip: _____ County: _____ How long: _____ |
| (1) Previous Address: _____ | | Telephone: () _____ |
| City: _____ | State: _____ | Zip: _____ County: _____ How long: _____ |
| Email Address: _____ | | |
| Are you at least 18 years of age? Yes ___ No ___ if not, age ____. | | |
| If you are hired, can you furnish proof you are eligible to work in the U.S.? | | Yes ___ No ___ |
| Are you seeking: Full-time ___ Part-time ___ Temporary ___ | | |
| Salary expected: \$ _____ Referred by: _____ | | |

Please initial and sign after you have read and understand each of the following statements.

Binford Supply, LLC ("the Company") provides equal opportunities in hiring and employment to all applicants regardless of race, color, religion, national origin, marital status, sex, age, disability, veteran status, or other category prohibited by law.

_____ I understand that this application does not create a contract of employment, nor guarantee employment for any definite period. I understand if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time, for any reason with or without prior notice, and I understand that the Company has the same right.

_____ I understand that all offers of employment are contingent upon successful completion of a pre-employment evaluation, background check, and drug screen and in some cases, physical ability testing and Motor vehicle checks, in accordance with applicable law. A copy of this document is as valid as the original.

_____ I agree to execute such other documents as may be necessary for the Company to investigate my suitability for employment. I also authorize the Company to provide information concerning any work that I may perform for the Company, if I am hired, to future prospective employers and I agree not to file any claims or lawsuits against the Company for providing such information.

_____ Employee affirms that Employee is not presently subject to a restrictive covenant, non-compete agreement or other prior agreement, which would prohibit or restrict employment with the Company.

_____ I acknowledge I have been made aware of Binford Supply's strict policy of not allowing any confidential information, trade secrets and proprietary materials from a previous employer. I do not have any such materials in my possession and no such restricted items will be utilized during my employment at Binford Supply.

I certify all the information I have provide on this application is true and complete and that all the information I provide in any interviews or on additional forms will be true and complete. I understand if I am made a job offer or employed and any such information is found to be false, misleading or omitted in any respect, my employment offer may be rescinded or I may be dismissed and will not hold the Company responsible.

Signature: _____ Date: _____

RECORD OF PREVIOUS EMPLOYMENT

Please list your present and/or previous employers with present or last employer listed first. Be sure to account for all periods of time including military service, self-employment, etc. and any period of unemployment.

*The last **ten years** of employment must be included; attach additional sheet if necessary.*

| | | |
|---|---|---|
| Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ | <p style="text-align: center;"><u>Dates of Employment</u></p> From: _____ month/year To: _____ month/year <p style="text-align: center;"><u>Pay</u></p> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____ | Position: _____ Duties: _____ _____ _____ _____ |
|---|---|---|

May we contact this employer? yes ___ no ___ If no, please explain: _____

| | | |
|---|---|---|
| Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ | <p style="text-align: center;"><u>Dates of Employment</u></p> From: _____ month/year To: _____ month/year <p style="text-align: center;"><u>Pay</u></p> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____ | Position: _____ Duties: _____ _____ _____ _____ |
|---|---|---|

May we contact this employer? yes ___ no ___ If no, please explain: _____

| | | |
|---|---|---|
| Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ | <p style="text-align: center;"><u>Dates of Employment</u></p> From: _____ month/year To: _____ month/year <p style="text-align: center;"><u>Pay</u></p> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____ | Position: _____ Duties: _____ _____ _____ _____ |
|---|---|---|

May we contact this employer? yes ___ no ___ If no, please explain: _____

| | | |
|---|---|---|
| Employer: _____ Supervisor: _____ Telephone: () _____ Address: _____ City: _____ State: _____ Zip: _____ Reason for Leaving: _____ | <p style="text-align: center;"><u>Dates of Employment</u></p> From: _____ month/year To: _____ month/year <p style="text-align: center;"><u>Pay</u></p> Start: \$ _____ Final: \$ _____ List any bonus, incentive, commission pay, etc.: _____ | Position: _____ Duties: _____ _____ _____ _____ |
|---|---|---|

May we contact this employer? yes ___ no ___ If no, please explain: _____

BUSINESS REFERENCES

Please list people with whom you have worked (previous managers/supervisors are preferable). Do not list relatives.

| Name | Title | Address | Telephone Number (include area code) | Years known |
|------|-------|---------|---|-------------|
| | | | | |
| | | | | |
| | | | | |

EDUCATION

Please list the names used while attending any schools listed below: _____

| Full school name and address | Years completed (circle) | Diploma or Degree (circle) | Describe course of study or major | Specialized skills, training, experience, extracurricular activities |
|------------------------------|-----------------------------|-------------------------------|-----------------------------------|--|
| High School: | 9 10 11 12 | Yes No | | |
| College/University: | 1 2 3 4 | Yes No | | |
| Graduate/Professional: | 1 2 3 4 | Yes No | | |
| Trade or Correspondence: | | Yes No | | |
| Other: | | Yes No | | |

SKILLS

Indicate skills and machines you are qualified to operate (include degree of proficiency).

| |
|--|
| OFFICE SKILLS Computer Software _____ |
| WAREHOUSE SKILLS Pallet Jack _____ Forklift _____ Forklift Type _____ CDL _____ Other: _____ |
| List additional skills, certifications, experience, education, etc. which you feel would assist in qualifying you for the position. _____ |

CONFLICTS OF INTEREST

Do you have or anticipate employment or any additional business which may constitute a conflict of interest with the Company?

Yes _____ No _____ If yes, please explain: _____

OTHER INFORMATION

Have you ever been employed by Binford Supply, LLC? Yes ___ No ___ If yes, give
 Location(s) _____ Position(s): _____ Date(s): _____

Do you have any objections to working overtime if necessary? Yes ___ No ___

Can you travel if required by this position? Yes ___ No ___

Have you ever been discharged or asked to resign by any employer? Yes ___ No ___
 If yes, please explain: _____

If you have relatives working at Split Rail Fence & Supply Co., LLC, please list their names and indicate their relationship to you:

| | |
|-------|--------------|
| _____ | _____ |
| Name | Relationship |
| _____ | _____ |
| Name | Relationship |

CRIMINAL INFORMATION

Have you ever been convicted of or pled guilty to a felony within the last seven years? yes ___ no ___

*Note: Answering "Yes" to this question does not deny you employment.
 Factors such as time of the offense, seriousness, nature of the violation and rehabilitation will be taken into account.*

If yes, please state the date of each conviction or plea, identify the court and the offense, and explain the circumstances: _____

Driver History Section

To be completed for positions that require driving a personal vehicle

Driving History

Please list all moving traffic violations in the last five (5) years including offense, date, city, state, county:

INSURANCE INFORMATION - Only those who will drive their own personal vehicle for business use.

Applicants selected for positions that require driving their own vehicle such as sales positions, are required to have personal automobile insurance.

If hired for such position verification of coverage from insurance agent or insurance company must be provided that equals or exceeds the following standards. Bodily Injury: \$100,000/300,000 Property Damage: \$100,000

If you are applying for one of these positions, do you have automobile insurance that meets these standards? Yes ___ No ___

If yes, has your personal automobile insurance ever been canceled? Yes ___ No ___

If yes, please explain circumstances: _____

I CERTIFY ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Signature of Applicant

Date