

EMPLOYMENT APPLICATION

Employer: Stockmeister Enterprises, Inc.
Address: PO Box 684
City/State/Zip: Jackson, OH 45640
Telephone: 740-286-1619

It is the policy of Stockmeister Enterprises, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

1. Applicant Name: _____
Address: _____
City/State/Zip: _____
Number of Years at This Address: _____
Daytime Phone #: _____ Evening Phone #: _____
Social Security Number: _____ - _____ - _____
2. Who should be contacted if you are involved in an emergency?
Contact Name: _____
Relationship to You: _____
Address: _____
City/State/Zip: _____
Daytime Phone#: _____ Evening Phone #: _____
3. Job Position Applied For: _____
4. Referral Source: Who referred you to our company? _____
5. Have you applied to our company previously? _____ Yes _____ No
If yes, when? _____
6. Are you at least 18 years old? _____ Yes _____ No
7. Driver's License Number: _____
What state issued your license? _____
8. If you are offered employment, when would you be available to begin work? _____
9. Are you legally eligible for employment in the United States? _____ Yes _____ No
10. Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____ Yes _____ No

11. Have you ever been convicted of any crime, including traffic violations? _____ No _____ Yes

If yes, please describe:

| Date | Offense | Felony Degree | Misdemeanor Degree | Comments/Description | Dates of Incarceration |
|------|---------|---------------|--------------------|----------------------|------------------------|
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THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

12. Applicant Employment History: List your current or most recent employment first.

Employer Name: _____
 Address: _____
 City/State/Zip: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year) From _____ To _____
 Rate of Pay \$ _____

Employer Name: _____
 Address: _____
 City/State/Zip: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year) From _____ To _____
 Rate of Pay \$ _____

Employer Name: _____
 Address: _____
 City/State/Zip: _____
 Job Duties: _____
 Reason for Leaving: _____
 Dates of Employment (Month/Year) From _____ To _____
 Rate of Pay \$ _____

13. Applicant's Education and Training: List your education and training.

High School Name and Address

Last Grade ____9 ____10 ____11 ____12

College Name and Address

Did you receive a degree? ____Yes ____No

If yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

14. Applicant's Skills: Check those skills that you have. List any other skills that may be useful for the job you are seeking.

| <u>Skill</u> | <u>Years of Experience</u> | <u>Ability/Rating</u> |
|-----------------------|----------------------------|-----------------------|
| ____ Rough Carpentry | _____ | _____ |
| ____ Finish Carpentry | _____ | _____ |
| ____ Concrete | _____ | _____ |
| ____ Steel | _____ | _____ |
| ____ Welding | _____ | _____ |
| ____ Roofing | _____ | _____ |
| ____ Doors & Hardware | _____ | _____ |
| ____ Operator | _____ | _____ |
| ____ Other | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

15. References: List any two people who would be willing to provide a reference for you.

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

Name: _____
Address: _____
City/State/Zip: _____
Telephone: _____
Relationship: _____

16. Please provide any other information that you believe should be considered:

CERTIFICATION

I certify that the information provided on this application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my application, or if employment commences immediate termination.

I authorize Stockmeister Enterprises, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its Company President, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I chose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of Stockmeister Enterprises, Inc., except in a specific written contract of employment signed on behalf of the organization by its Company President, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT SIGNATURE

DATE

STOCKMEISTER ENTERPRISES, INC.
DRUG-FREE WORKPLACE PROGRAM
JANUARY 1, 2003

CONSENT & RELEASE FORM FOR EMPLOYEES/APPLICANTS

I, _____, as an employee/ applicant of the Company, hereby acknowledge
(Applicant or employee name)

that the Company's policy requires me to submit to urine drug testing and/or breath alcohol testing.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system.

I hereby freely and voluntarily consent to this request for a urine sample and/or breath alcohol test, and agree to participate in the testing program.

I hereby and herewith release the Company, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis.

I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to the Company's examining physician, as provided by the Company's Policy.

I further acknowledge that the Company has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Name: _____

Signature of Witness Signature _____

Printed Name of Witness: _____

Date of Signatures: _____

**STOCKMEISTER ENTERPRISES, INC.
DRUG-FREE WORKPLACE PROGRAM
JANUARY 1, 2003**

APPLICANT'S OR EMPLOYEES

**EMPLOYEE NOTICE AND ACKNOWLEDGEMENT
OF EMPLOYER TESTING REQUIREMENTS**

PART 1: NOTICE

This is to inform you that The Company may conduct testing to identify job applicants and current employees who may be abusing drugs and/or alcohol. A copy of The Company's policy on this matter is either attached to this notice or will be given to you upon request.

I understand that if I am involved in a work place accident I hereby agree to submit to a drug and/or alcohol test.

You have the right to refuse to undergo testing. However, the consequences of refusal to undergo testing or a refusal to cooperate in testing by an applicant will result in the termination of the pre-employment selection process, and the consequences of refusal to undergo testing or a refusal to cooperate in the testing by an employee will result in disciplinary action up to and including discharge.

I. Penalties for Drug or Alcohol Violation

1. First offense for usage, possession, or accessory to a drug violation.
 - a. If found guilty, or guilt is admitted a violation relating to one ounce or less of marijuana, the penalty may be as much as disciplinary probation or termination of employment.
 - b. If found guilty, or guilt of a violation relating to narcotic drugs, marijuana (over one ounce), depressants, or other illegal drugs, the penalty may be as much as disciplinary suspension, or discharge.
2. If guilt is proven or admitted for selling, processing, delivering, compounding, or dispensing in any manner marijuana or any other dangerous narcotic, depressant, stimulant or hallucinogenic drugs, the employee will be subject to penalties up to and including termination of employment on the first offense.
3. An employee who admits guilt, or is found guilty of a second drug offense, may be subject to penalties up to and including termination of employment.
4. Any employee, who has been suspended or terminated for drug violations, and has evidence of successful rehabilitation, may petition for reemployment to The Company upon recommendation from relevant psychological or psychiatric professionals.

An applicant who fails a test will not be hired, and an employee who fails a test will be subject to disciplinary action up to and including discharge.

Remaining drug-and/or alcohol-free and participation in The Company's drug and/or alcohol testing program is a condition of continued employment.

PART II: ACKNOWLEDGEMENT I acknowledge receipt and understanding of the above written notice and agree to abide by the terms of The Company's policy pertaining to drugs and alcohol.

(Signature)

(Date signed)

(Printed name)

(Signature of witness)

(Date signed)

Release Authorization

Applicant Complete the Following

1. In connection with my application for employment, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, performance, and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education, credentials, credit, and references.
2. Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer-reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.
3. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies including the Ohio Department of Labor.
4. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contracted by Stockmeister Enterprises, Inc. or its agent, to furnish the information described in Section 1. The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for any other purposes. I hereby release the employer and agents and all person, agencies, and entities providing information or reports about me from any and all liability arising out of requests for or release of any of the above mentioned information or reports.

Please print your full name

Please print other names you have used

Home Address

City

State

Zip Code

Social Security Number

Date of Birth

Drivers License Number

Name as it appears on license

Signature

Today's Date