Employment Application

Drug and Alcohol Test Required.

Please fill in all blanks and check all applicable boxes. If an item does not apply, write in or check "N/A".

Personal

Name										
Address	Last		First		Hom	ne Phone	Middle			
Street		City	State	Zip	11011		, (,,			
Position or type of employme	ent desired					Ra	ite of pay exp	ected: \$		per hour
Available for: Full Time \Box	Part Time 🗌	Temporary 🗆								
Date Available:		Shift Preference		Ar	e you willin	g to wor	k overtime?	Yes	No	
Have you the legal right to w	ork in the U.S.?	Yes No C								
Have you ever been convicte	ed of a felony? (A	A conviction will r	not necessarily bar a	n applicant i	from employ	yment)	Yes No	0		
If yes, describe briefly:										
Have you previously: Appli					oloyed here	? Yes	□ No□			
Position		Location				Date(s)				
This application is a result of										
Advertisement		dentify	ad			and			publication):	:
Employee referral			(name of employee)						
Other (e.g.: walk in, employm	ient agency, etc	c.):								
Employment Record (Beginning with your present	t or most recent	t position, please	provide information a	about the las	st three jobs	s you hav	ve held.)			
Employer:				_Supervisor	:					
Address:				Phon	e:			Salary	or Wage	\$
Dates Employed From:		To:	Position Held:					_		
Specific equipment or machi	nery operated:									
Duties:										
			-							
						<u>.</u>		D (-
		Tei			vvage	\$		Dates	Employed	From
		To:	Position Held:							
Specific equipment or machi	nery operated:									
Duties:										
Duitos.		Reason	for leaving:							
			Employer:							
		Supervisor:								
			Phone:	Salary	or Wage	\$		Dates	Employed	From
		To:	Position Held:							

Specific equipment or machinery operated: _____

Duties: _____

_____Reason for Leaving:_____ (If additional work history is pertinent, please attach additional sheets)

Education

	Name	City	State	Major S	ubject	Degree/Diploma		
High School								
College								
College								
Graduate Scho	ol							
Business, Trade	e or Other							
		ou have which relate to the job yo ninute, if applicable.)						
Driving Recor Are you currently	d y licensed to drive a vehicle in t	his state? Yes 🗌 No 🗔						
Have you been c	onvicted of a moving violation	within the past three years?	three years?If yes, explain:					
U.S. Military Have you served	in the U.S. military? Yes	No 🗔						
				From				
Primary Training/	/Duty:			Rank		discharge:		
				_ Certificatio	on and Agro	eement – Read Carefully		
and Sign								

1. By signing this application, I authorize all previous employers to furnish Superior all information they may have about me, including the reasons for my leav- ing. I hereby release them and Superior from all liability for damages that may occur from the release of such information. I authorize Superior to conduct whatever investigation it deems appropriate, and I acknowledge that any false statement by me, or failure to disclose fully all information requested above my signature on this form, may disqualify this application from consideration, may disqualify me for employment, or, if employed, may result in my dismissal.

2. I understand that:

a. In the event of my employment with Superior, such will be completely voluntary, at-will, for an indefinite term, and may be terminated by me, or the Company, at any time, and for any or no reason not prohibited by law, and with or without prior notice. All employment is continued on that basis, and I understand that no supervisor, manager, or executive of the Company, other than the president, has authority to alter the foregoing. I understand that if I am employed at Superior, my status as an at-will employee may not be changed or modified (1) by any practice or procedure of the Company or in the industry, or (2) by any policy manual or other document issued by the Company except by a written employment contract executed by the president and myself, which pertains solely to my employment, and which specifically revokes the employment at-will relationship.

b. A clean drug and alcohol screening is a pre-requirement for employment, and I hereby authorize reasonable use of my drug and alcohol screening results – both as part of this application process, and, if I am accepted for employment, as per Superior Substance Abuse Policy.
c. If I am not hired within sixty days of the date hereon, this application will then become inactive, and I must formally reapply if I wish to be con-

sidered for employment.

d. If I am seeking a position that might involve driving on Company business, or driving a Company vehicle, before an offer of employment is valid I must provide proof that my driving record, verified by a current motor vehicle record ("MVR"), meets the requirements of both Superior Driver Safety Policy and Superior insurance company.

3. If I am employed, I agree:

a. To meet employment requirements of the Federal Immigration and Naturalization service and to submit appropriate documentation to satisfy the requirements for completing INS Form I-9, if requested.

b. That all Intellectual Property (e.g. inventions, patents, trademarks, copyrights, designs, processes, procedures, techniques, programs, lists, etc.) that I create or assist in creating while a Superior employee, and which relate to Superior's business activities shall belong to Superior and not to me.

c. To sign a confidentiality agreement if requested to do so.

d. To abide by all policies, rules, regulations, and performance standards of Superior, and as such may be amended from time to time.

e. To meet minimum age requirements of applicable laws and submit proof of true age, if required.

f. That Superior may obtain from any applicable government or other office, at any time Superior so desires, my current motor vehicle record ("MVR"), including any personal information that might be included there.

4. I certify that:

- a. I am honestly seeking the job applied for.
- b. I have read and thoroughly reviewed this completed application.

c. All information contained in this application is true, correct, and complete.

Signature of Applicant

Do not write below this line

Interviewed by:

Date _____