

SELECTA PRODUCTS, INC

APPLICATION FOR EMPLOYMENT

Selecta Products , Inc. is an equal opportunity employer and does not discriminate on the basis of race, color, religious creed, national origin, ancestry, age, sex, marital status or pregnancy, childbirth or related medical conditions.

This application must be completed in full to be accepted as a valid submission. Resumes may be attached but not substituted for information requested within the application. Submit applications to Selecta Products Inc., Attn: Human Resources Dept., PO Box 888, Tehachapi, CA 93561

PERSONAL INFORMATION

Date\_\_\_\_\_

Last name			First	Middle Initial	
Street Address		City		State	Zip
Home phone		Cell phone		Email address.	

Do you possess a valid driver’s license? .....Yes\_\_\_ No\_\_\_

Have you ever applied to or worked for Selecta Products Inc before?.....Yes\_\_\_ No\_\_\_

If yes, when?\_\_\_\_\_

Please list any friends or relatives working for Selecta Products Inc.

If hired, would you have a reliable means of transportation to and from work?.....Yes\_\_\_ No\_\_\_

Are you at least 18 years old? (If under 18, hire is subject to verification that you are of minimum legal age)..... Yes\_\_\_ No\_\_\_

Can you present evidence of your U.S. citizenship or proof of your legal right to live and work in this country?.....Yes\_\_\_ No\_\_\_

Are you able to perform the essential functions of the job for which you are applying?.....Yes\_\_\_ No\_\_\_

If no, describe the functions that cannot be performed?\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a physical exam, and to skill and agility tests.)

Have you ever been convicted of a criminal offense (felony or misdemeanor)? (Convictions for marijuana-related offense that are more than two years old need not be listed.....Yes\_\_\_ No\_\_\_

If yes, state nature of crime(s), when and where convicted and disposition of the case\_\_\_\_\_

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

# SELECTA PRODUCTS, INC

## POSITION

Position for which you are applying: \_\_\_\_\_ Salary desired \_\_\_\_\_

Where did you hear about the position available? \_\_\_\_\_

What days and hours are you available for work? \_\_\_\_\_

Would you be available to work overtime, if necessary?.....Yes \_\_\_\_\_ No \_\_\_\_\_

If hired, on what date can you start work? \_\_\_\_\_

Are you currently employed?.....Yes \_\_\_\_\_ No \_\_\_\_\_

If so, may we contact your current employer?.....Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATION

School	Name and Address	No. of yrs completed	Course of Study	Did you graduate?	Degree / Diploma
High School					
College / Univ					
Vocational / Trade					

Do you have any other experience, training, qualifications or skills which you feel make you especially suited for work at Selecta Products? If so, please explain

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# SELECTA PRODUCTS, INC

## EMPLOYMENT HISTORY

List below the last 10 year of present and past employment starting with you most recent employer.  
Account for all periods of unemployment.

Dates of Employment	Name of Employer _____
From _____	Address _____
To _____	Street _____ City _____ State _____ Zip _____
Salary	Type of Business: _____
Begin _____	Telephone No. _____ Supervisor's Name _____
End _____	Your Position and Duties _____
Reason for leaving:	

Dates of Employment	Name of Employer _____
From _____	Address _____
To _____	Street _____ City _____ State _____ Zip _____
Salary	Type of Business: _____
Begin _____	Telephone No. _____ Supervisor's Name _____
End _____	Your Position and Duties _____
Reason for leaving:	

Dates of Employment	Name of Employer _____
From _____	Address _____
To _____	Street _____ City _____ State _____ Zip _____
Salary	Type of Business: _____
Begin _____	Telephone No. _____ Supervisor's Name _____
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Dates of Employment	Name of Employer _____
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Salary	Type of Business: _____
Begin _____	Telephone No. _____ Supervisor's Name _____
End _____	Your Position and Duties _____
Reason for leaving:	

If more space is needed please attach additional sheets.

# SELECTA PRODUCTS, INC

## Screening Process

As part of the process of weighing an applicant's qualifications and determining his or her suitability for open positions, Selecta Products, Inc. requires background checks for all finalists for a position. These background checks are conducted by a professional background and screening company.

All applicants for employment with Selecta Products are asked to sign a release form authorizing the appropriate background checks. Any applicant who refuses to sign a release form will not be eligible for employment. Applicants also are expected to provide references from their former employers as well as educational reference information that can be used to verify academic accomplishments and records.

Employment screening assessments to determine an applicant's job fit are also required of all applicants for employment with Selecta Products. Skills tests related to the demands of the job may also be required.

Background checks will include verification of information provided on the completed application for employment, the applicant's resume or on other forms used in the hiring process. Information to be verified includes, but is not limited to, social security number and previous addresses. Selecta Products will also conduct a reference check and verification of the applicant's education and employment background as stated on the employment application or other documents listed above. The background check may also include a criminal record check. If a conviction is discovered, a determination will be made whether the conviction is related to the position for which the individual is applying or would present safety or security risks before an employment decision is made. Additional checks such as a driving record or credit report may be made on applicants for particular job categories if appropriate and job related.

If an applicant is denied employment wholly or partly because of information obtained in an employment check conducted by the company's consumer reporting agency, the applicant will be informed of this and given the name, address and phone number of the vendor to contact if he or she has specific questions about the result of the check or wants to dispute its accuracy.

Any applicant who provides misleading, erroneous or willfully deceptive information to Selecta Products on an employment form or resume or in a selection interview is immediately eliminated from further consideration for employment with Selecta Products, Inc.

### Please Read Carefully, Initial Each Paragraph and Sign Below

\_\_\_\_\_ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_ I hereby agree to submit to a pre-employment drug screening performed by a licensed laboratory. I further understand that a positive result will make myself ineligible for employment with Selecta Products, Inc. In addition, I understand that tests results will be kept confidential by Selecta Products.

\_\_\_\_\_ I hereby authorize the company to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising of or in any way related to such investigation or disclosure.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and Selecta Products, Inc. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at that option of either myself or Selecta Products, Inc., and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

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Applicant Signature

Printed Name

Date

# RELEASE AUTHORIZATION

## APPLICANT COMPLETE THE FOLLOWING

- I. In connection with my application for employment, I understand that a consumer report or 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.
- II. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.
- III. 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.
- IV. 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 Minnesota Department of Labor.
- V. Minnesota, Oklahoma and California applicants only. If you want a copy of the reports(s) ordered, Check this box .
- VI. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Selecta Products, 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 persons, agencies, and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name	LAST	FIRST	MIDDLE
Please print other names you have used			
Home Address			
City	County	State	Zip Code
Previous address if less than 3 years			
Social Security Number	Date of Birth	City/State of Birth	

The following states require sex and race to obtain information:

AL, AR, FL, GA, IA, IL, IN, MI, OR, TX, WI

Sex:  Male  Female

Race:  Asian  Black  Hispanic  White  Other

Drivers License Number	State Issuing License
Name as it appears on license	
Signature	Today's Date