APPLICATION FOR EMPLOYMENT Page 1 of 4



See last page for instructions on how and where to send completed application

	Last	First	Middle			
ny other name you have used vith employment, education, U. r any Criminal conviction or pe	S. Military service,					
resent						
Address:	Street	City	State Zip			
Permanent	04000	on, y	2.10			
ddress:	Street	City	Ctata Zin			
	Sireei	City	State Zip			
hone Number:		Are you 18 years or older?	Yes No			
Describe any U.S. Military Servi Include Branch, Rank, Nature a						
Are you presently in the National Guard or Reserve?	Yes No	(If so, identify unit and any service obligations)				
lave you ever been convicted f a crime or are you presently harged with a felony?	Yes No	If so, where and when, and explain circumstances:				
EMPLOYMENT DESIRE	D	Date you can start: Salary de	esired:			
re you employed now?	Yes No	If so, may we inquire of your present employer	? Yes No			
lave you ever applied to nis company before?	Yes No	Where?				
lave you ever worked for nis Company before?	Yes No	Where?				
Relatives employed y Company?	Yes No If	so, who?				
o you have any activities, com	loyment, etc.) which might,	Yes No No				
for example, school, other emp in any way, interfere with your a including overtime, in the position		? If so, describe?				





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FORMER EMP	LOYMENT							
(List below ALL er	nployment history	up to last six employers, s	tarting with the last one firs	t.				
Date (Mo & Yr)	Name and	Address of Employer	Reason for leaving	Salary	Position/	Job Dut	ties	
F								
From: To:								
From:	_							
To:	_							
F								
From: To:								
	_							
From:								
To:								
From:								
From: To:								
From:								
To:								_
Describe fully the								
in your present (or	most recent) job:							_
Which of your jobs								
you mito boot and t								_
What special skills								
do you have which in qualifying for en								
(include tools and								
								_
				Ni	umber of	Di	id You	
Education	Name and Loca	tion of School	Subjects Studied		's Attended		aduate?	,
Grammar School						Yes	No	
High								_
School					<u> </u>	Yes	No L	
College,Trade,								
Business or					,	Yes	No	
Correspondence						165	INO	
School								
General Subjects								
of Special Study						., —] ,. 「	\neg
or Research Work	<u> </u>					Yes	No	

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READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

- 1. I understand and agree that if I become an employee my employment will be at will and may be terminated by me or the Employer at any time for any cause or no cause. I understand and agree that no officer, agent or employee of the Employer has any authority to limit in any way the Employer's right to terminate employment at will, or to offer employment other than on an at-will basis. I also understand and agree to the Employer's policy that the Employer's decisions on all employment related matters are final, and are not subject to review or appeal outside the Employer except as required by laws providing or requiring employers to provide specific employment standards and rights.
- 2. I agree that except as prohibited by statute the Employer may, during or after my employment, disclose or discuss any information or opinions relating to me or my employment to employees of the Employer or third parties. I waive written or other notice of any such disclosure (including disclosure of disciplinary matters), and I release and promise not to make any claims against the Employer (or its employees, directors, owners or agents) relating to any such disclosure or discussion.
- 3. I agree that except at the request and for the benefit of the Employer, I will not disclose to anyone or use for my own purposes any non-public information about the Employer, its practice, patients, and employees. I agree that if my employment with the Employer ends, I will deliver to the Employer all material of any kind that I have relating to the Employer, including any such copies or notes.
- 4. I agree that any claim or lawsuit relating to my application for employment or my employment with the Employer, or relating to the termination of such employment, must be filed with the appropriate government agency or court within 6 months after the act or omission that is the subject of the claim or lawsuit, and I waive any statute of limitations to the contrary. I understand that this means that even if the law would normally give me the right to wait a longer time to file a claim or lawsuit, I am waiving that right, and that any claim or lawsuit not filed within the above 6 months period will be barred.
- 5. I represent that in considering employment with I am not relying and will not rely on statements or information other than as set forth in this application, and I waive and release any claims against the Employer (and its affiliated entities, and their officers, directors, owners, employees and agents), arising out of or related to any such statements or information, or relating to any failure by the Employer to disclose any information.
- 6. I agree to the above terms of employment. I understand and agree that, except as provided above, all benefits, programs, rules and policies of the Employer are subject to exceptions or change at will at any time as decided by the Employer.

Date:	Signature of Applicant

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SUPPLEMENT AUTHORIZATION AND WAIVER

I authorize Fab-Lite to request any information and opinions about me from my former employers, references, educational institutions, and any credit agencies or reporting services which have information about me in their possession and which may lawfully be disclosed. I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions, and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to Fab-Lite any information requested concerning any criminal convictions on my record. A photocopy of this signed authorization and waiver shall be valid as an original.

Date:	Signature of Applicant

To fill out by hand, print and send completed form to:

Metalworks Career 902 East 4th St. Ludington, MI 49431

For filling out electronically, save completed form to your computer and email to careers@metalworks1.com