

Application for Employment

US OXO is an Equal Opportunity Employer. Applicants are considered on the basis of skills, experience and qualifications without regard to race, age, creed, color, national origin, sex, marital status or the presence of non-job-related medical disability or any other legally protected status.

PERSONAL DATA

Name (Last, First, Middle)	Social Security #	Today's Date
Address (Street)	City, State	Zip Code
Home Telephone Number	Work Telephone Number	Message Telephone Number

POSITION INFORMATION

Position Desired	Starting Salary Desired
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How were you referred to us?

In accordance with the Federal Immigration and Reform Act of 1986, if you are employed by our Company you will be asked to provide documentation that verifies your legal right to work in the United States. If you cannot provide acceptable documentation, we cannot legally employ you.

Can you provide such documentation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Have you ever been convicted of a felony?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes, please explain. Conviction does not automatically exclude you from consideration for employment.

If you are hired or transferred into a position that requires the operation of a vehicle, we will require a DMV investigation. Do you authorize investigation of your DMV record?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____ (Initial here)
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Driver's License Number _____	State _____	Expiration Date of License _____
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Do you authorize a background investigation including prior employers, education and criminal records?

Yes <input type="checkbox"/>	No <input type="checkbox"/>	_____ (Initial here)
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EDUCATIONAL INFORMATION

	Name/Location	Subjects Studied	Degrees or Credits
High School			
Junior College/Trade School			
University/College			
Graduate School			

WORK HISTORY -- List most recent employer first. You may include military service and training.

Employer: _____ Address (street, city, zip code): _____ Telephone: _____
() _____
Supervisor's Name and Position: _____ Dates of Employment _____
From: _____ To: _____
Type of Business: _____ Position Held: _____ Ending Salary _____
Reason for Leaving: _____ May we contact now?
Yes No
Responsibilities: _____

Employer: _____ Address (street, city, zip code): _____ Telephone: _____
() _____
Supervisor's Name and Position: _____ Dates of Employment _____
From: _____ To: _____
Type of Business: _____ Position Held: _____ Ending Salary _____
Reason for Leaving: _____ May we contact now?
Yes No
Responsibilities: _____

Employer: _____ Address (street, city, zip code): _____ Telephone: _____
() _____
Supervisor's Name and Position: _____ Dates of Employment _____
From: _____ To: _____
Type of Business: _____ Position Held: _____ Ending Salary _____
Reason for Leaving: _____ May we contact now?
Yes No
Responsibilities: _____

REFERENCES -- List people who know your work. Do not include personal references.

Name	Professional Relationship	Work Telephone Number	Home Telephone Number

THE FOLLOWING POINTS ARE VERY IMPORTANT. PLEASE READ THEM CAREFULLY BEFORE SIGNING THIS APPLICATION.

I authorize investigation of all statements contained in this application. I will not hold _____ or any of my previous employers liable in any respect if an employment offer is not forthcoming, is withdrawn, or if my employment is terminated as a result of misrepresentation or omission of facts on this application. I understand that if I am employed by _____ additional personal data may be required for determination of benefits, statistical purposes and legal compliance.

I understand that all offers of employment are conditional on my successfully completing a urinalysis for the purpose of detecting alcohol and/or illegal drugs. This will be performed at the Company designated medical facility and at the Company's expense. I further understand that if alcohol and/or illegal drugs are found in my system, all offers of employment will be withdrawn.

I also understand that if I am employed by the Company, my employment is "at will", that I or the Company may terminate the employment relationship at any time, for any reason, with or without notice. I further understand that no employee of the Company has the authority to modify this understanding orally or in writing except with the written permission of the President and CEO of _____.

I HEREBY ACKNOWLEDGE THAT I HAVE READ THE ABOVE STATEMENTS AND UNDERSTAND EACH AND ALL OF THESE STATEMENTS:

Signature (Acknowledgment)

Date