



YUPO CORPORATION AMERICA

800 Yupo Court, Chesapeake, VA 23320

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and do not discriminate in recruitment, hiring, employment, training, or other employment practices in relation to age, sex, race, color, national origin, religion, physical handicap, or Vietnam era veteran status. No question on this application is intended to solicit information regarding any of the above subjects.

Please respond to all questions that apply, and your responses will be held in strict confidence. We will give your application every consideration, but its receipt does not imply that you will be employed.

PERSONAL INFORMATION		Date:	Are you over 18 years old?	
Last Name	First Name	Middle	Social Security No.	
Present Address			Phone Number	
Permanent Address (if different from above)			Phone Number	
Are you legally eligible to accept employment in the United States? _____ yes _____ no. If no, please explain on reverse. NOTE: Proof of identify and employment eligibility will be required if you are offered employment.				
POSITIONS APPLIED FOR		Salary Desired	Date Available	
1.				
2.				
Are you available to work: Full-time _____ Part-time _____ Temporary _____ Shift Work _____				

EDUCATION/SKILLS BACKGROUND

Circle highest year completed: High School 1 2 3 4 College 1 2 3 4 5 6

Type	Name/Location	From/To	Diploma/ Degree	Major
High School				
Trade/Business				
College				
Other				

List any languages other than English that you speak or write fluently:

1. _____ speak _____ write _____ 2. _____ speak _____ write _____

List any office machines you can operate:

List any production or mechanical equipment you can operate:

EMPLOYMENT HISTORY

Most Recent Employer From: _____ To: _____	Name/Address	Phone Number	
	Your Position	Supervisor	Last Salary
	Brief Explanation of Responsibilities		
	Reason for Leaving		
Previous Employer From: _____ To: _____	Name/Address	Phone Number	
	Your Position	Supervisor	Last Salary
	Brief Explanation of Responsibilities		
	Reason for Leaving		
Previous Employer From: _____ To: _____	Name/Address	Phone Number	
	Your Position	Supervisor	Last Salary
	Brief Explanation of Responsibilities		
	Reason for Leaving		
Other Periods	List Employer or State "Unemployed"	Position	
1.			
2.			
3.			

MILITARY EXPERIENCE

Branch of Service _____ From: _____ To: _____ Final Rank _____

Special Experience _____

REFERENCES

May we communicate with your current employer? Yes _____ No _____

May we communicate with your previous employer(s)? Yes _____ No _____

List three people other than relatives who can attest to your experience:

Name	Occupation	Address	Phone Number

MISCELLANEOUS

Have you ever been convicted of a felony? No _____ Yes _____ If yes, please explain _____

Have you ever been employed by us? No _____ Yes _____ When? _____

Have you ever applied for a position with us? No _____ Yes _____ When? _____

Do you have any relatives at Yupo Corporation America? No _____ Yes _____

If a position required travel, would you have any restrictions? No _____ Yes _____ If yes, please explain _____

If a position required extended work at another location, would you have any geographic restrictions? No _____ Yes _____
If yes, please explain _____

What was the source of your contacting us for employment? _____

PRE-EMPLOYMENT STATEMENT (Please read carefully)

I affirm that the information provided by me on this application is accurate and complete. I understand that falsification of any information can be grounds for termination should I be employed by Yupo Corporation America.

I understand that the completion of this application or subsequent employment by the Company does not constitute any form of employment contract and that any employment is on an at-will basis. I also understand that any employment contract can only be created by a document signed by the President of the Company.

I authorize the Company and any agents acting on its behalf to conduct any inquiry as to my record with any or all former employers, educational institutions, and references. I hereby release the Company and any agents acting on its behalf, former employers, providers of references, and educational institutions from any liability whatsoever as a result of such inquiries.

I understand that both prior to and during any periods of employment with the Company, I may be required to undergo any form of testing and evaluation, including drug testing that is requested by the Company and permitted under prevailing law.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company. (If not true, explain below.)

Applicant Signature

Date

Please use this space for any additional information called for on this application or anything else you would like us to know:



Applicant Authorization

- I. I understand that a employment/background report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment/professional license or credentials; financial/**credit history**; or criminal/civil/driving record history. I fully give my consent to and understand that you may be requesting information from public and private sources about any of the information noted earlier in this paragraph.
- II. IF APPLICABLE, Medical and worker's 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** (FCRA, Public Law 91-508, Title VI) which was **revised effective September 30, 1997**, I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer reporting agency. If so, I will be notified and be given the name of the agency proving that report.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy of this release shall be as valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.
- IV. **I authorize that motor vehicle record checks may be performed in accordance with DOT regulations for as long as I am employed with the Company.**
- V. **Minnesota/California applicants only.** If you want a copy of the report ordered, check this box . The report will be sent by the consumer reporting agency to you at the address listed below your signature.
- VI. I hereby authorize, without reservation, any financial institution, law enforcement agency, information service bureau, school, employer or insurance company contacted by General Information Services, Inc. to furnish the information described in Section I.

APPLICANT COMPLETE THE FOLLOWING:

Signature

Today's Date

Please print full name

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.

Please print other names you have used

Social Security Number

Date of Birth

Home Address

City State Zip

Driver's License Number and State
(Complete if position requires the use of Company vehicles.)

Name as it appears on License

Have you ever been convicted of a crime? No Yes If yes, please provide city and state of conviction and details of conviction.

FAIR CREDIT REPORTING ACT NOTICE:
 In accordance with the Fair Credit Reporting Act (FCRA, Public Law 91-508, Title VI), revised effective September 30, 1997, this information may only be used to verify a statement(s) made by an individual in connection with legitimate business needs. The depth of information available varies from state to state. Status of updates are available on request. Although every effort has been made to assure accuracy, General Information Services, Inc. cannot act as guarantor of information accuracy or completeness. Final verification of an individual's identity and proper use of report contents are the user's responsibility. General Information Services, Inc.'s policy requires purchasers of these reports to have signed a Service Agreement. This assures General Information Services, Inc. that users are familiar with and will abide by their obligations, as stated in the FCRA, revised effective September 30, 1997, to the individuals named in these reports. If information contained in this report is responsible for the suspension or termination of an employee or the application process, have the applicant/employee contact General Information Services, Inc.



AFFIRMATIVE ACTION VOLUNTARY INFORMATION

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We are an Equal Opportunity Employer and consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we ask that you complete this form on a voluntary basis. Please be advised that this survey is *not* a part of your official application for employment. It will not be used in any hiring decision and will be filed separately from your application. The information will be used and kept confidential in accordance with applicable laws and regulations. Once again, providing this information is **STRICTLY VOLUNTARY**. Failure to complete this form will not in any way affect our employment decision or action. Your cooperation is appreciated.

Applicant Information

Name _____ Date _____
 LAST FIRST MIDDLE

Address _____
 STREET CITY STATE ZIP CODE

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | |
|---|---|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian/pacific Islander |
| <input type="checkbox"/> Hispanic | |

Referral Source:

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Employee School |
| <input type="checkbox"/> Relative | <input type="checkbox"/> Private Employment Agency | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement – Source _____ | <input type="checkbox"/> Other _____ | |

Name of person who referred you if applicable: _____



Supplemental Application for Employment

The following questions should be answered for those individuals applying for any manufacturing positions. Please complete this information on a separate piece of paper, numbering your answers to correspond with each question. **BE SURE TO INCLUDE YOUR NAME AND ADDRESS ON YOUR RESPONSE FORM.**

1. If you break down a manufacturing operation into four elements- Quality, Production, Safety and Cost – how would you prioritize the elements (and explain why)?
2. Over your work history, of what achievements are you most proud? What was one of your biggest disappointments and how did you handle the situation?
3. Who do you feel is responsible for safety in the workplace and why?
4. How would you describe your attendance and safety record? How many days of work did you miss (excluding vacation and holiday) in the last year? Have you had any safety incidents in the last year, and if so, what were the circumstances?
5. Describe your experiences working around heat, noise, confined workspaces, and in dirty and/or hazardous environments.
6. Describe your experiences working on rotating shifts. How do you feel about working rotating shifts, weekends, holidays and being called in to cover shifts, etc.?
7. What is your definition of teamwork and how does it relate to manufacturing?
8. Describe your experience, if any, working in a self-directed, self-managed work team.
9. We have all experienced working with someone with whom we had a problem or two. Tell us about one of your experiences. What was the problem? What caused it? How was the problem solved? What were the long-term effects?
10. We all have strengths and weaknesses. Please list three of your strengths and three of your weaknesses and explain your answers.
11. What is your view regarding operation personnel performing preventative maintenance tasks and working alongside maintenance personnel in accomplishing selected project?