



APPLICATION FOR EMPLOYMENT

PERSONAL

First Name:	Middle Initial:	Last Name:	Date:
Have you ever used another name? If so, please list the name(s):			
Street Address:			
City, State, Zip:			
Email address:			
Telephone including area code (10 digits):			
Home:		Cell:	Other:
Are you currently subject to a non-compete or employment agreement with another employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		How did you learn about SEW-Eurodrive?	
Position Desired:		Shift Preference:	
Are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Are there any hours during the week you are unable to work?	
When will you be available to begin work?			
Will you work overtime if asked? (Overtime may be required periodically and may be substantial in some jobs.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
Can you, if hired, submit verification of your legal right to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you currently eligible to work in the United States and authorized to work for this Company on an ongoing indefinite basis? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you now or in the future require sponsorship by this Company to attain or maintain your employment eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No	

THIS APPLICATION IS NOT AN EMPLOYMENT CONTRACT AND DOES NOT ALTER AN APPLICANT'S OR EMPLOYEE'S "AT-WILL" EMPLOYMENT STATUS but merely is intended to evaluate suitability for employment. It is the policy of SEW-Eurodrive and its affiliates to provide equal employment to all persons without discrimination on the basis of sex, race, color, religion, age, marital status, national origin, citizenship, disability, veteran status, or any other status protected under state and federal law. SEW-Eurodrive will provide reasonable accommodations to allow an applicant to participate in the hiring process (e.g., accommodations for a test or job interview) if so requested.

BACKGROUND

Are you over 18 years of age? Yes ☐ No Can you read and write? ☐ Yes ☐ No

PERSONAL	Please list all of your relatives who work at SEW-Eurodrive:	
	<u>Name:</u>	<u>Relationship:</u>
	Special training or skills related to the job for which you are applying:	Pay Rate Expected:

EDUCATION AND MILITARY TRAINING	School	Name and Location of School	Course of Study	No. of Years Completed	Did You Graduate?	Degree or Diploma
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business/Trade/Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Graduate School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Military Training	Did you serve in the U.S. Armed Forces? Yes No	If "Yes," in what Branch?	Describe any training received that is relevant to the position for which you are applying.		

We may contact the employers you list on the following pages unless you indicate those you do not want us to contact.	<i>DO NOT CONTACT</i>
Employer Number(s) _____ Reason _____ <small>See # reference on next page(s)</small>	

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EMPLOYMENT INCLUDING ARMED FORCES

Please give accurate and complete employment record.

Start with your present or most recent employer.

Please include the last 10 years of employment. If more room is needed, use another sheet of paper.

1 1. Current or most recent job	Company Name	Telephone including area code (10 digits)
	Address	Employed – (Month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
2 2. Next most recent job	Company Name	Telephone including area code (10 digits)
	Address	Employed – (Month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
3 3. Continued job history	Company Name	Telephone including area code (10 digits)
	Address	Employed – (Month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
4 4. Continued job history	Company Name	Telephone including area code (10 digits)
	Address	Employed – (Month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

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5. Continued job history	Company Name	Telephone including area code (10 digits)
	Address	Employed – (Month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
6. Continued job history	Company Name	Telephone including area code (10 digits)
	Address	Employed – (Month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	
7. Continued job history	Company Name	Telephone including area code (10 digits)
	Address	Employed – (Month and year) From To
	Name of Supervisor	Reason for Leaving
	State Job Title and Describe Your Work	

I UNDERSTAND THAT ACCEPTANCE OF AN OFFER OF EMPLOYMENT DOES NOT CREATE A CONTRACTUAL OBLIGATION UPON SEW-EURODRIVE TO CONTINUE TO EMPLOY ME IN THE FUTURE. I FURTHER UNDERSTAND THAT MY EMPLOYMENT IS AT-WILL AND MAY BE TERMINATED BY EITHER PARTY AT ANY TIME FOR ANY REASON OR FOR NO REASON AT ALL. I FURTHER UNDERSTAND AND AGREE THAT ANY SEW-EURODRIVE COMPANY POLICIES, PROCEDURES, MANUALS, HANDBOOKS, OR STATEMENTS DO NOT CREATE ANY EMPLOYMENT CONTRACT BETWEEN ME AND SEW-EURODRIVE AND THAT THEY MAY BE CHANGED AT ANY TIME WITHOUT NOTICE.

I hereby affirm that the information on this form is true and correct and that there are no omissions. If employed, any misstatement or omission of pertinent facts on this application or during employment may result in my dismissal. Additionally, I hereby authorize SEW-Eurodrive, or any entity or person providing information to SEW-Eurodrive, to obtain background verification, information, and records concerning me, including, but not limited to, employment, military, and educational records. I release SEW-Eurodrive, its agents and employees and its subsidiaries and affiliates, from any and all claims arising out of any request(s) for, the receipt of, or the use of information or records pursuant to this authorization. I acknowledge that I have voluntarily provided the information for pre-employment/pre-assignment screening purposes and have carefully read and understand this authorization. I understand that this application will remain active for only thirty (30) days, or until the position for which I have applied is filled, whichever occurs earlier.

I further understand that the completion of an application is a preliminary step to employment. It does not obligate SEW-Eurodrive to offer employment to me or for me to accept employment. I further acknowledge that if offered employment, any offer of employment may be a conditional offer of employment pending successful completion of a drug screening and/or criminal background check.

FOR RHODE ISLAND APPLICANTS: IF YOU PROVIDE FALSE INFORMATION ABOUT YOUR ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB, WITH OR WITHOUT ACCOMMODATIONS, YOU MAY BE BARRED FROM FILING A CLAIM UNDER THE PROVISIONS OF THE WORKERS' COMPENSATION ACT OF THE STATE OF RHODE ISLAND.

MASSACHUSETTS APPLICANTS: IT IS UNLAWFUL IN MASSACHUSETTS TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITIES.

MARYLAND APPLICANTS: UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT AN INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

DATE

SIGNATURE