ARNING CANOPY SYSTEMS, INC.

Date

APPLICATION FOR EMPLOYMENT

It is our policy to provide equal employment opportunity and to comply with all applicable Federal, State, and Local laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or disability or any other protected category.

PERSONAL DATA

Please print clearly.

Last Name	First	Middle	Phone No.

Address	City	State	Zip Code	Social Security No.

Previous Address	City	State	Zip Code

Check or otherwise indicate your referral source to Arning: ❑ Advertisement ❑ Friend ❑ Relative ❑ Walk-In

❑ Employment Agency ❑ Other _____

Have you ever worked for Arning before? Yes ❑ No ❑ If yes, give dates _____ to _____

Please check if you are 18 or under ❑

Have you ever been convicted of a felony within the last 7 years? Yes ❑ No ❑

Factors such as age and the time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.

(Conviction will not necessarily disqualify applicant from employment.)

If yes, please explain _____

References - List three references that you have known for at least 3 years (excluding relatives).

Name	Occupation	Address	Phone No.

JOB INTEREST

Position applied for _____ Would you work any shift? Yes ❑ No ❑

Date available for employment _____ Base Salary or wage rate requested $ _____ Shift requested _____

EDUCATION

Type of School	Name of School	Location City & State	Circle Last Year Completed	Major Subject	Graduated? Degree?
Grade School			1 2 3 4 5 6 7 8		
High School			9 10 11 12		Yes ❑ No ❑
College			1 2 3 4 5 6		Yes ❑ No ❑ Degree _____
Graduate			1 2 3 4		Yes ❑ No ❑ Degree _____
Business, Trade or Apprenticeship					Yes ❑ No ❑

Military _____

Subjects Covered _____

Other _____

List all honors, special achievements, etc. _____

EMPLOYMENT HISTORY

Give details of your last three employers and, where necessary, list other previous positions on a separate sheet of paper which will account for your employment record during the past 10 years and indicate if we may contact them. List present or last position first and account for all time.

Present or Last Position (Title) | From Mo. Yr. | To Mo. Yr. | Last Base Rate of Pay $

Company Name and Address | May we contact? | Telephone No.

Type of Business

Briefly Describe Your Duties

Name of Supervisor | Reason for Termination/Leaving (Be Specific)

Are you on layoff and subject to recall? Yes ❑ No ❑

Present or Last Position (Title) | From Mo. Yr. | To Mo. Yr. | Last Base Rate of Pay $

Company Name and Address | May we contact? | Telephone No.

Type of Business

Briefly Describe Your Duties

Name of Supervisor | Reason for Termination/Leaving (Be Specific)

Present or Last Position (Title) | From Mo. Yr. | To Mo. Yr. | Last Base Rate of Pay $

Company Name and Address | May we contact? | Telephone No.

Type of Business

Briefly Describe Your Duties

Name of Supervisor | Reason for Termination/Leaving (Be Specific)

SPECIAL SKILLS, APTITUDES AND OTHER QUALIFICATIONS

List details of skills, aptitudes and other qualifications which you feel are relevant to employment by Arning.

AGREEMENT

(Please read the following statements carefully)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge and agree that falsified information of significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I authorize all references named in this application (and accompanying resume, if any) to provide Arning with any and all information they may have, personal or otherwise, to enable Arning to arrive at an employment decision. I do hereby release and discharge any and all such parties, including Arning, from any and all claims that I may have now or in the future arising out of the release of said information.

I understand that nothing contained in this application or in the granting of an interview creates a contract between the Company and myself for either employment or for the providing of benefit. No promises regarding employment have been made to me and I understand that no such promise or guarantee is binding upon the Company unless made in writing by the President. If an employment relationship is established, I acknowledge that no consideration has been furnished to the Company for my employment other than my services, and I understand that I have the right to terminate my employment at any time and that the Company has the same right.

If I accept employment with this Company, I will be required to furnish proof of age, social security and I agree to comply with all Company rules and regulations.

Legal Signature _____ Date of Application _____

ARNING CANOPY SYSTEMS, INC.

Installation Section

Applicants are considered for employment without regard to race, color, national origin, religion, sex, age, marital or veteran status.

THE FOLLOWING INFORMATION MAY BE COMPLETED ON A VOLUNTARY BASIS.
Complete only if applying for Road Position.

Height _____ Weight _____

The following information must be completed pursuant to section 391.21 of the FMCSR.

Unexpired License
Section 383.21 FMCSR states "no person who operates a commercial vehicle shall at any time have more than one driver license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

State	License Number	Type	Exp. Date	Date of Birth

A. Have you ever been denied a license, permit, or privilege to operate a motor vehicle?
Yes ❑ No ❑
B. Has any license, permit, or privilege ever been suspended or revoked?
Yes ❑ No ❑

If the answer to "A" or "B" is yes, give details _____

Driving Experience	Type of Equipment	Dates From	Dates To	Approx. # of Miles
Straight Truck				
Tractor & Semi-Trailer				
Other				

Experience and Qualification - Other _____

Accident record for past three years or more (attach sheet if more space is needed)

Dates	Nature of Accident	Fatalities	Injuries

Traffic convictions and forfeitures for the past three years (Other than pakring violations)

Location	Date	Charge	Penalty

THIS CERTIFIES THAT THIS APPLICATION WAS COMPLETED BY ME, AND THAT ALL ENTRIES ON IT AND INFORMATION IN IT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date _____ Applicant's Signature _____

DO NOT WRITE IN SPACE BELOW

Comments of Interviewer _____

Interviewed by: _____ Date _____

ADDED TO PAYROLL

Date	Employee No.	Shift

Department	Position

Rate	Hire	Re-Hire	Re-Instate