

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT BEGINNING WITH YOUR MOST RECENT (Use Additional Attachments if Necessary)

1.	From: (Mo/Yr) _____ To: (Mo/Yr) _____	Name and address of company:	Supervisor's name:	Start rate _____ Last rate _____
	Position Held:		Telephone #:	Reason for leaving:
2.	From: (Mo/Yr) _____ To: (Mo/Yr) _____	Name and address of company:	Supervisor's name:	Start rate _____ Last rate _____
	Position Held:		Telephone #:	Reason for leaving:
3.	From: (Mo/Yr) _____ To: (Mo/Yr) _____	Name and address of company:	Supervisor's name:	Start rate _____ Last rate _____
	Position Held:		Telephone #:	Reason for leaving:
4.	From: (Mo/Yr) _____ To: (Mo/Yr) _____	Name and address of company:	Supervisor's name:	Start rate _____ Last rate _____
	Position Held:		Telephone #:	Reason for leaving:

May we contact the Employers listed above? _____ If not, indicate by number which ones you do not wish us to contact _____

ACCOUNT FOR ALL TIME YOU HAVE BEEN UNEMPLOYED SINCE LEAVING SCHOOL

From: _____ To: _____	State what you were doing:
From: _____ To: _____	State what you were doing:
From: _____ To: _____	State what you were doing:
From: _____ To: _____	State what you were doing:

This application will remain in the active file for thirty (30) days. For consideration after the thirty day period, it is necessary to reapply. **This certifies that this application was completed by me, and all entries on it and information in it are true and complete to the best of my knowledge.** I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time. I authorize the Company to investigate all statements contained in this application. I also authorize any contacted parties to give the Company any information they may have concerning my background. I release all such parties from any liability which may arise from furnishing such information to the Company. If my application is accepted for employment, I understand that I will be required to serve a 90 day orientation period. I also understand and voluntarily agree that, as a condition of my employment or my continued employment, I may be requested by the Company to submit to a drug screen and that my failure to take such test when requested to do so, or my unsatisfactory test results, will disqualify me from consideration for employment or, if I am employed, may result in my immediate dismissal. In consideration of my employment, I agree to conform to all of the Company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the Company's option. Employment at Galion, LLC Manufacturing LLC is not guaranteed, contracted, or promised for any specific length of time. I also understand and agree that the terms and condition of my employment may be changed, with or without cause and with or without notice, at any time by the Company. I understand that no Company representative, other than its President, and then only when in writing and signed by the President, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

APPLICANT SIGNATURE _____ **DATE** _____