

SCHUPAN & SONS, I NC.

An Equal Opportunity Employer

It is the policy of Schupan & Sons, Inc. to afford equal employment opportunity regardless of a person's age, race, religion, color, national origin, sex, marital status, height, weight, qualifying disability, veteran status or other protected characteristic.

NAME (Last, First, Middle Initial) _____ TODAY'S DATE _____

STREET ADDRESS _____ CITY _____ ST _____ ZIP _____ () _____ PHONE NUMBER _____

BIRTH MONTH _____ DAY _____ (Do not include year)

INSTRUCTIONS

The careful completion of this application is an essential step in our consideration of you for employment. You must complete the entire application. Ask for an extra piece of paper if you need to clarify or complete any responses. Your application will become inactive after 30 days unless you inform our Human Resources Department, in writing, and prior to the expiration of the 30-day period, that you want your application to remain active for an additional 30 days. Before you complete and sign this application, please ask the Human Resources Department any questions that you may have. If you need a reasonable accommodation in order to complete this application form, please notify the Human Resources Department. Thank you.

POSITION FOR WHICH YOU ARE APPLYING

POSITION (USE SPECIFIC TITLE) _____ DATE AVAILABLE _____

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT A REASONABLE ACCOMMODATION? Yes No

ARE YOU PRESENTLY EMPLOYED? Yes No IF YES, WHERE? _____

ARE YOU SUBJECT TO RECALL AT ANOTHER JOB? Yes No IF YES, EXPLAIN _____

HAVE YOU EVER APPLIED TO THIS FACILITY BEFORE? Yes No

IF SO, FOR WHAT POSITION? _____ WHEN? _____

WAGE EXPECTED? _____

ARE YOU RELATED TO OR KNOW ANYONE WHO CURRENTLY WORKS FOR SCHUPAN & SONS, INC.? Yes No IF YES, PLEASE

NAME THE INDIVIDUAL(S) _____

EDUCATION HISTORY

Name and Location	Course of Study	Years Completed	Graduate? Yes No	Diploma or Degree	GPA
HIGH SCHOOL	_____	_____	_____	_____	_____
CITY/ST	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____
CITY/ST	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____
CITY/ST	_____	_____	_____	_____	_____

OTHER FORMAL EDUCATION OR EXPERIENCE THAT YOU FEEL IS RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

MISCELLANEOUS INFORMATION

ARE YOU AT LEAST 18 YEARS OLD? Yes No DO YOU HAVE LEGAL AUTHORIZATION TO WORK IN THE U.S.? Yes No

HAVE YOU WORKED UNDER A DIFFERENT NAME? Yes No

IF YES, PROVIDE EACH DIFFERENT NAME: _____

***HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (INCLUDING A GUILTY PLEA)?** Yes No

IF YES, PLEASE EXPLAIN THE OFFENSE AND THE DATE OF CONVICTION OR PLEA: _____

HAVE YOU EVER BEEN DENIED BONDING? Yes No IF YES, EXPLAIN:_____

WHAT OTHER EMPLOYMENT OR "SIDELINE" BUSINESS DO YOU HAVE?_____

DO YOU PLAN TO CONTINUE IT IF EMPLOYED BY US? _____

***The existence of a conviction will not automatically result in rejection of your application.**

PERSONAL REFERENCES (Provide Names, Addresses and Telephone Numbers)

1. _____
2. _____
3. _____

EMPLOYMENT HISTORY

(List below past and present employment, starting with most recent. Include employment with U.S. military service. Do not skip any employers. Use more paper if necessary.)

1. EMPLOYER	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES EMPLOYED	POSITION HELD
NAME		FROM MO. YR.	LAST SALARY/ WAGE
ADDRESS			
CITY	STATE ZIP PHONE	TO MO. YR.	
DESCRIPTION OF DUTIES			
SUPERVISOR'S NAME(S)			
REASON(S) FOR LEAVING			

2. EMPLOYER	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATES EMPLOYED	POSITION HELD
NAME		FROM MO. YR.	LAST SALARY/ WAGE
ADDRESS			
CITY	STATE ZIP PHONE	TO MO. YR.	
DESCRIPTION OF DUTIES			
SUPERVISOR'S NAME(S)			
REASON(S) FOR LEAVING			

EMPLOYMENT HISTORY CONTINUED

3. EMPLOYER May we contact this employer? ___Yes ___No	DATES EMPLOYED	POSITION HELD
NAME	FROM MO. YR.	LAST SALARY/ WAGE
ADDRE		
CITY STATE ZIP PHONE	TO MO. YR.	
DESCRIPTION OF DUTIES		
SUPERVISOR'S NAME(S)		
REASON(S) FOR LEAVING		

4. EMPLOYER May we contact this employer? ___Yes ___No	DATES EMPLOYED	POSITION HELD
NAME	FROM MO. YR.	LAST SALARY/ WAGE
ADDRESS		
CITY STATE ZIP PHONE	TO MO. YR.	
DESCRIPTION OF DUTIES		
SUPERVISOR'S NAME(S)		
REASON(S) FOR LEAVING		

5. EMPLOYER May we contact this employer? ___Yes ___No	DATES EMPLOYED	POSITION HELD
NAME	FROM MO. YR.	LAST SALARY/ WAGE
ADDRESS		
CITY STATE ZIP PHONE	TO MO. YR.	
DESCRIPTION OF DUTIES		
SUPERVISOR'S NAME(S)		
REASON(S) FOR LEAVING		

6. EMPLOYER May we contact this employer? ___Yes ___No	DATES EMPLOYED	POSITION HELD
NAME	FROM MO. YR.	LAST SALARY / WAGE
ADDRESS		
CITY STATE ZIP PHONE	TO MO. YR.	
DESCRIPTION OF DUTIES		
SUPERVISOR'S NAME(S)		
REASON(S) FOR LEAVING		

APPLICANT STATEMENT

(You Must Date and Sign This Applicant Statement To Be Considered For Employment)

AFFIRMATION. I affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false information, misrepresentations, or omissions may disqualify me from further consideration for employment and may result in termination of my employment if discovered at a later date.

AUTHORIZATION. I authorize Schupan & Sons, Inc. to investigate all statements contained in this application, to contact my previous employers, to contact educational institutions I attended, and to discuss with them my employment/education history. I authorize my former employers and any educational institutions I have attended to disclose and discuss my employment/education history and records, including my disciplinary records, and waive any right to notice of such disclosure or discussion.

EXAMINATIONS. Should I receive a conditional offer of employment, I agree to submit to any physical, medical and/or psychological examination. I further authorize any physician, counselor or other examiner conducting such examinations to release to and discuss with Schupan & Sons, Inc. the results of such examinations.

ACCOMMODATIONS. I also understand that if I have a protected disability that affects my ability to do the job I seek, I may ask Schupan & Sons, Inc. to attempt to make a reasonable accommodation for it. I must make my request in writing to the Human Resources Department as soon as possible, and under the Michigan Persons with Disabilities Civil Rights Act, such notice must be given no later than 182 days after the date I know or reasonably should know that accommodation is needed.

DRUG/ALCOHOL TESTS. I give my consent for Schupan & Sons, Inc., through an authorized testing service of its choice, to collect blood, urine or other samples from me and to conduct any other necessary medical tests to determine the presence of alcohol, drugs, or controlled substances. I authorize the testing service to release to and discuss with Schupan & Sons, Inc. the test results and other relevant medical information. If I am accepted for employment, I also consent to be tested in the above manner during my employment when, in Schupan & Sons, Inc.'s judgment, such testing is appropriate. I acknowledge that remaining free of illegal drug use and complying with Schupan & Sons, Inc.'s substance abuse policy is a condition of my employment.

AT-WILL EMPLOYMENT. I understand that all employees of Schupan & Sons, Inc. are employed on an at-will basis. I understand that this means that my employment is for an indefinite period of time and may be terminated by either Schupan & Sons, Inc. or me at any time, with or without cause, and with or without prior notice, warning or discipline. No person other than the CEO of Schupan & Sons, Inc. has authority to offer employment for any specified period or to make any contract contrary to the foregoing. Moreover, no such agreement by the CEO will be enforceable unless it is in writing, pertains specifically to me, and is signed by the CEO.

CRIMINAL/CREDIT HISTORY. In addition, depending on the position for which I am applying, I understand that Schupan & Sons, Inc. may request a criminal and/or credit history pertaining to me. If such a check will be required, I understand that I will be provided with additional notices and information about that process and my rights.

WAIVER OF LIMITATIONS PERIODS. In exchange for Schupan & Sons, Inc. considering my application for employment, and except as prohibited by law, I agree that I must file any and all claims and/or lawsuits arising out of or pertaining in any way to my application for employment, employment or termination of employment within six (6) months of the event giving rise to the claim and/or lawsuit. I understand that applicable statutes of limitations may be longer than six (6) months. However, I agree to be bound by this shorter, six (6) month period of limitations and accordingly WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

DATE: _____

APPLICANT SIGNATURE