



Application for Employment with:
STAHL/a Scott Fetzer Company
"An Equal Opportunity Employer"

To applicant: STAHL considers all applicants for employment without regard to race, color, religion, gender, national origin, age, veteran status, or physical or mental disability or handicap and any other factor protected by law.

Personal Information

Name	Date
SSN	Position applied for
Address	City, State, Zip
Telephone Number	Emergency Contact Number
Are you legally permitted to work within the United States, if so on what basis?	Military Status Branch _____ Rank _____ From _____ To _____ Reserve Organization _____ _____

General Information

How long have you lived at the above address? _____

Do you have reliable transportation to and from work, if hired? Yes No

Were you ever employed by STAHL? Yes No If yes when? _____

Have you ever applied at STAHL before? Yes No If yes when? _____

*Have you ever been convicted of any law violation (except minor traffic violations) in the last 7 years? _____
 If yes, give particulars _____

Type of employment desired:

Full Time Part Time Temporary Seasonal Co-op

Hours available:

Day Shift _____ Afternoon Shift _____ Midnight Shift _____

How did you hear about STAHL/a Scott Fetzer Company? (newspaper, referral) _____

*An applicant must answer this question, unless the record has been expunged (sealed) pursuant to S 2953.31, Ohio revised Code. The question must nevertheless be answered if the nature of such conviction bears a direct and substantial relationship to the position applied for.

Educational Information

Level	Name, City, and State	Last Grade Completed	Degree	
Elementary		1 2 3 4 5 6 7 8	Y	N
High School		9 10 11 12	Y	N
College/University		Major:	Y	N
			Type:	

Additional Education Information: _____

I certify that all the statements and answers to the above questions were made by me and are true without any reservations or evasions. I expressly waive all provisions of law prohibiting any physician, person, hospital, or other institution that has or may hereafter attend or furnish me with treatment from disclosing to the company any knowledge or information thereby acquired.

Signature _____ Date _____

Statement of Health - CONFIDENTIAL

- a. Drug test is mandatory prior to hiring.
- b. The employment offer is conditional on the completion of a physical examination to determine that you can meet the ESSENTIAL FUNCTIONS of the job, with or without reasonable accommodation.

Employment Information

List employers starting with most recent. Include U.S. military service and any periods of unemployment. Please give complete names and information.

Present/last employer _____ City, State _____
Employed from _____ to _____ Job Title _____
Department _____ Supervisor _____
Starting rate _____ Quitting rate _____ Phone _____
Reason for leaving _____

Next to last employer _____ City, State _____
Employed from _____ to _____ Job Title _____
Department _____ Supervisor _____
Starting rate _____ Quitting rate _____ Phone _____
Reason for leaving _____

Previous employer _____ City, State _____
Employed from _____ to _____ Job Title _____
Department _____ Supervisor _____
Starting rate _____ Quitting rate _____ Phone _____
Reason for leaving _____

Are you presently employed? _____ If yes, may we contact your present employer? _____

Job Related Skills

If you are an experienced operator of any office machines or equipment, please list _____

Do you type? _____ Words per minute _____

Data entry? _____ Keystrokes per hour _____

Computer experience. List only hardware and software you are PROFICIENT with:

Hardware _____

Software _____

If you are an experienced operator of any plant machines or equipment, please list _____

Affidavit

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind whatsoever. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this questionnaire. I also authorize the companies, schools, or persons named above to give any information regarding my employment, character and qualifications, together with any information they may have regarding me whether or not it is in their records. I hereby release said companies, schools or persons from all liability for any damage for issuing this information. I understand that any misleading or incorrect statements may render this application void, and if employed would be cause for termination.

Signature _____ Date _____

STAHL

PRE-EMPLOYMENT DISCLOSURE & AUTHORIZATION AND RELEASE

I understand that **STAHL**, Inc. Intellicorp, Ltd. or other authorized third parties may be conducting a background check in connection with my application for employment. This background check may include an inquiry into my employment history, education, general character or reputation, work experience, driving history, criminal history, credit history and such other information that may be required.

I understand that **STAHL** may rely on all or any part of this information in determining whether to extend an offer of employment to me. I further understand that if any adverse action is taken by **STAHL** based upon any of this information, that I will be provided a copy of such information, along with a summary of my rights under the Fair Credit Reporting Act.

I understand that STAHL or its representatives may perform a background check as a part of the pre-employment process, in order to evaluate the suitability of an applicant for employment and is not conducted for any other purpose other than in connection with an application for employment. I understand that the information supplied by me shall be used solely for the purposes of obtaining information, validating, or verifying information received, as a part of the background check.

I, the undersigned applicant for employment, have read this Pre-employment Disclosure and by signing below, hereby authorize **STAHL** its representatives, agents and authorized third parties, including Intellicorp, to conduct a background check, as described herein, in conjunction with my application for employment and hereby release said parties from any and all liabilities related to the use, procurement or disclosure of any information provided by me or obtained about me in connection with my application for employment and a background check that may be performed. I further direct and authorize such third parties who may be the custodians of, or who may be in possession of requested records or information to disclose such information or records to **STAHL** Intellicorp, or their representatives and agents, in connection with this authorization and release. I voluntarily provide my date of birth in order to obtain and verify records obtain and verify records obtained, in the background check.

SIGNATURE _____ DATE _____

PRINTED NAME _____

*****THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS *****

Current Address _____

Maiden Names/Prior Names _____

Social Security Number : _____ DOB: _____

DL #: _____ DL State: _____ Exp. Date _____