



EQUAL EMPLOYMENT OPPORTUNITY NOTICE

It is the policy of Columbus Equipment Company at all locations to afford equal employment opportunity to qualified individuals regardless of the race, color, religion, sex, sexual orientation, national origin, age, physical or mental handicap or disability, veteran status, or because he/she is a disabled veteran, and to conform to applicable laws and regulations. In keeping with the intent of this policy, the Company will adhere strictly to the following personnel practices.

- Recruitment, hiring, and promotion of individuals in all job areas will be implemented without regard to race, color, religion, national origin, age, sex, sexual orientation, physical or mental handicap or disability, veteran status, or because an employee is a disabled veteran, except where a *bona fide* occupational qualification exists.
- Employment decisions will be made by all Company executives to further the principles of equal employment opportunity.
- Management decisions will be based on the principles of equal employment opportunity and utilize the use of valid job-related criteria and business factors.
- All personnel actions such as compensation, benefits, transfers, training and development, educational assistance, and social and recreational programs will be administered without regard to race, color, religion, national origin, age, sex, sexual orientation, physical or mental handicap disability, veteran status, or because an employee is a disabled veteran, except where a *bona fide* occupational qualification exists.
- Thorough documented analyses of all personnel actions will be conducted to ensure compliance with the concept of equal opportunity.

06/06/03

Tom Stivison
President



**Columbus Equipment Company
APPLICATION FOR EMPLOYMENT**

Drug Free Workplace

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

(WE DO PRE-EMPLOYMENT DRUG TESTING)

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, disability or other protected classification.

Personal Information

Name _____

Address _____
Street City State Zip

Telephone number _____ Are you over 18 years old? Yes No

Are you authorized to work in the U.S. on an unrestricted basis? Yes No

How did you learn of this opening? _____

Have you worked here before? Yes No

Have you been told the essential functions of the job or been shown a job description? Yes No

Can you perform these essential functions with or without reasonable accommodation? Yes No

Are there any hours, shifts or days you cannot or will not work? _____

Shift Preferred _____ Part Time _____ Full Time _____

Are you willing to work overtime as required? Yes No

Have you ever been convicted of a felony? Yes No

(Conviction will not necessarily disqualify an applicant for employment.) If yes describe condition: _____

Education	Name & Location of School	Year Graduated	Major	Diploma/Degree
High School				
College/Univ.				
College/Univ.				

Other Training/Education _____

In addition to your work history (reverse side), what other experiences, skills or qualifications would especially fit you for work with our company? _____

Positions Applied For: _____ Wage or Salary desired? \$ _____ When can you start? _____

Work History: May we contact your present employer? Yes No

Most Recent Employer	Address	Telephone #
Date Started	Starting Salary: \$	Starting Position
Date Left	Salary On Leaving \$	Position on leaving
Name & Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone #
Date Started	Starting Salary: \$	Starting Position
Date Left	Salary On Leaving \$	Position on leaving
Name & Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone #
Date Started	Starting Salary: \$	Starting Position
Date Left	Salary On Leaving \$	Position on leaving
Name & Title of Supervisor		
Description of Duties		Reason for Leaving
Previous Employer	Address	Telephone #
Date Started	Starting Salary: \$	Starting Position
Date Left	Salary On Leaving \$	Position on leaving
Name & Title of Supervisor		
Description of Duties		Reason for Leaving

Applicant’s Certification and Agreement

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations may result in my dismissal. I authorize the Company to make an investigation of any of the facts set forth in this application and release the company from any liability.

I understand that employment at this Company is "at-will," which means that either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager or executive of the Company, other than the president in a signed writing has any authority to alter the foregoing.

Date: _____ **Applicant’s Signature** _____

**Columbus Equipment Company's
Applicant's Authorization To Release Information**

As an applicant for a position with Columbus Equipment Company, I authorize all past employers and educational institutions to release information about my work history and education for use in determining my qualifications for this position.

Please Release or verify the items indicated:

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	All Information Requested

Past Employers:

<input type="checkbox"/>	<input type="checkbox"/>	Salary History
<input type="checkbox"/>	<input type="checkbox"/>	Dates of Employment
<input type="checkbox"/>	<input type="checkbox"/>	Positions Held
<input type="checkbox"/>	<input type="checkbox"/>	Responsibilities and Duties Performed
<input type="checkbox"/>	<input type="checkbox"/>	Reasons for Leaving
<input type="checkbox"/>	<input type="checkbox"/>	Eligibility for Rehire
<input type="checkbox"/>	<input type="checkbox"/>	Attendance Record for Last Year of Employment

Educational Institutions:

<input type="checkbox"/>	<input type="checkbox"/>	Years of Attendance
<input type="checkbox"/>	<input type="checkbox"/>	Degree Obtained
<input type="checkbox"/>	<input type="checkbox"/>	Degree Obtained
<input type="checkbox"/>	<input type="checkbox"/>	Transcript

Signature

Date

Name

Social Security #

PREEMPLOYMENT REFERENCE CHECK FORM