

## APPLICATION FOR EMPLOYMENT

| We consider applicants for all positions without regard to ra | ace, religion, gender, national | origin, age, disability or any of | ther legally protect | ted status.     |
|---|---------------------------------|-----------------------------------|----------------------|-----------------|
| Date  |                                 |                                   |                      |                 |
| Position Applied for:   |                                 |                                   |                      |                 |
|   |                                 |                                   |                      |                 |
|   | F: N                            |                                   | A4:                  |                 |
| Last Name   | First Name                      |                                   | MIC                  | ldle Initial    |
| Mailing Address   | City                            | State                             |                      | Zip Code        |
|   |                                 |                                   |                      |                 |
| Telephone Number ( )  | Alternate Telepho               | one Number ( )                    |                      |                 |
| Have you ever been employed with us before?                   |                                 |                                   | Yes                  | No 🗆            |
|   | If yes, give date               |                                   |                      |                 |
| Department _  |                                 | Supervisor                        |                      |                 |
| Are you currently employed?                                   |                                 |                                   | Yes 🗆                | No $\square$    |
| May we contact your present employer?                         |                                 |                                   | Yes 🗆                | No $\square$    |
| On what date would you be available for work?                 |                                 |                                   |                      |                 |
| Which shift are you available for work?                       |                                 | First 🗆                           | Second $\square$     | Third $\square$ |
| Have you ever been known by another name?                     |                                 |                                   | Yes 🗆                | No $\square$    |
| If ves, give name   |                                 |                                   |                      |                 |

## EMPLOYMENT EXPERIENCE (10 YEARS WORK EXPERIENCE)

Start with your current or last place of employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, religion, gender, national origin, age, disability or any other legally protected status.

| Employer            |            | Dates Employed (Month/Year) |                | Work Performed    |
|---------------------|------------|-----------------------------|----------------|-------------------|
| Full Address        |            | From                        | То             |                   |
| Full Address        |            |                             |                |                   |
|                     |            |                             | ate/Salary     |                   |
|                     |            | Starting                    | Final          |                   |
| Telephone Number(s) |            |                             |                |                   |
| Job Title           | Supervisor |                             |                |                   |
| Reason for Leaving  |            |                             |                |                   |
|                     |            |                             |                |                   |
| Employer            |            | Dates Employe               | d (Month/Year) | Work Performed    |
|                     |            | From                        | То             |                   |
| Full Address        |            |                             |                |                   |
|                     |            | Rate                        | of Pay         |                   |
|                     |            | Starting Final              |                |                   |
| Telephone Number(s) |            |                             |                |                   |
| Job Title           | Supervisor |                             | •              |                   |
| Reason for Leaving  |            |                             |                |                   |
|                     |            |                             |                | <u> </u>          |
| Employer            |            | Dates Employe               | d (Month/Year) | Work Performed    |
| Employer            |            | From                        | To             | , notice enotined |
| Full Address        |            |                             |                |                   |
|                     |            | Rate                        | of Pay         |                   |
|                     |            | Starting                    | Final          |                   |
| Telephone Number(s) |            |                             |                |                   |
| Job Title           | Supervisor |                             |                |                   |
| Reason for Leaving  |            |                             |                |                   |
|                     |            |                             |                |                   |
| Employer            |            | Dates Employe               | d (Month/Year) | Work Performed    |
| . ,                 |            | From                        | То             |                   |
| Full Address        |            |                             |                |                   |
|                     |            | Rate                        | of Pay         |                   |
|                     |            | Starting                    | Final          |                   |
| Telephone Number(s) |            |                             |                |                   |
| Job Title           | Supervisor | -                           |                |                   |
| Reason for Leaving  | 1          |                             |                |                   |

## **EDUCATION**

|                       | Name and Address of School | Course of Study or Major | Years Completed | Received Diploma or Degree? |
|-----------------------|----------------------------|--------------------------|-----------------|-----------------------------|
| High School           |                            |                          |                 | Yes □ No □                  |
| Undergraduate College |                            |                          |                 | Yes □ No □                  |
| Graduate College      |                            |                          |                 | Yes □ No □                  |
| Other (Specify)       |                            |                          |                 | Yes □ No □                  |
|                       |                            |                          |                 |                             |

| ADDITIONAL INFORMATION  |
|---|
| List professional, trade, business or civic activities and offices held. You may exclude memberships which would reveal gender, race, religion, national origin, age, disability or any other legally protected status. |
|   |
|   |
|   |
| Other Qualifications Summarize special job-related skills and qualifications acquired from employment or other experience.  |
|   |
|   |
|   |
| State any additional information you feel may be helpful to us in considering your application.   |
|   |
|   |
|   |

## PERSONAL REFERENCES

| ·   | ou ever pled guilty or "no contest" to, or been convicted of a serious  If yes, please give the date(s) and details:   |  |   | ,   |
|---|--|--|---|---|
|   |  |  |   |   |
| and na<br>traffic i   | ring "Yes" to these questions does not constitute an automatic bar to<br>ture of the violation, and rehabilitation will be taken into account. I<br>infractions, (2) convictions for which the record has been sealed or e<br>rijuana-related offences that occurred over two years ago.   | n answe  | ring tl   | nese questions, do not include the following: (1) minor   |
|   |  |  |   |   |
| API<br>give p<br>further<br>with N<br>not to s<br>waive a<br>Compa<br>this rel<br>release<br>RSMo., | PLICANT'S STATEMENT  Determission to National Enzyme Company to contact all employers list of give permission to all current or previous employers and/or manage ational Enzyme Company, consent to the release of such information sue them for defamation or other claims based upon any statement all rights I may have under state law to receive a copy of any written my pursuant to Mo. Rev. Stat. 290.140. I agree to indemnify all past ease. I acknowledge that previous employers, in responding to a receive and discharge any former employer and this Company from any liation and the Federal Civil Rights Act of 1964 and its amendments, 42 U. by actions taken by this Company upon receiving any information from | ers or so<br>n orally<br>s they n<br>statem<br>employ<br>quest fo<br>bility fo<br>S.C. 200 | or in whate to a nake to ent propers for a referretaline. | sors to discuss my relevant personal and employment history viting, and herby release them from all liability and agree of any representative of National Enzyme Company. I further ovided by and of my former employers to National Enzyme any liability they may incur because of their reliance upon erence, may give unfavorable information about me. I hereby ation under the Missouri Human Rights Act, Chapter 213, eq. based upon any information given by a former employer |