

APPLICATION FOR EMPLOYMENT

1960 Robert • Muskegon, MI 49442
(231) 727-6698 • Fax: (231) 722-6216

PERSONAL INFORMATION

Name _____
Last First Middle

Any other Name You Have Used in Connection with Employment, U.S. Military Service, or any Criminal Conviction or Pending Felony Charge:

Present Address: _____
Street City State Zip

Permanent Address: _____
Street City State Zip

Phone No. _____ Are you 18 years or older? Yes No

Describe any U.S. Military Service (Branch, Rank, Nature and Date of Discharge):

Have you been convicted of, pled guilty to, or pled no contest to a crime or is there a felony charge presently pending against you (do not include arrests, expunged or sealed convictions)? Yes No

Even if the answer is "Yes", it will not necessarily disqualify you for employment. However, if the answer is "Yes", provide the crime, approximate date, and provide the state and country of the court action.

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Employed now? Yes No If "Yes", may we contact your present employer? Yes No

Have you ever applied to this company before? Yes No When? _____

Have you ever worked for this company before? Yes No When? _____

Were any of your relatives employed by the Company? Yes No

If you clicked Yes, who? _____

FORMER EMPLOYMENT

List below your last four employers, starting with the last one first

Date Month & Year	Name of Employer	Wage	Position	Reason for Leaving
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				

Describe fully the nature of the work in your present (or most recent job):

What special skills or knowledge do you have which will aid you in qualifying for employment? (Including tools and machinery):

EDUCATION

	Name of School	Years Attended	Did you Graduate	Subjects Studied
High School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Trade, Business or Correspondence School	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

General Subjects of Special Study or Research Work:

REFERENCES

Give the names of three persons not related to you, whom you have known at least one year:

Name	Address	Business	Years Acquainted
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**READ CAREFULLY AND SIGN BELOW
IF YOU AGREE TO THESE TERMS OF EMPLOYMENT**

I, the undersigned applicant for employment, certify that the facts contained in this application are true and complete. I authorize and request my former employers, references, and educational institutions, and any credit agencies or reporting services which have information about me, to give Lorin Industries, Inc. (the "Company") any and all information and opinions about me in their possession; I hereby waive written notice of such release of information and opinions, and I release such former employers, references, educational institutions and credit agencies or reporting services from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state, and local governmental agencies to release to the Company any information requested concerning any criminal convictions on my records.

I understand and agree that all employment at the Company is on an at-will basis, and may be terminated by me or the Company at any time with or without notice and with or without cause. I understand and agree that no one employed by the Company (except the Company's President by a specific written contract for a specific term of years naming me and signed by me and the President) has any authority to offer employment other than on an at-will basis. I also understand and agree to the Company's policy that the Company's decisions on all employment related matters are final, and are not subject to review or appeal outside the Company except as required by laws providing or requiring employers to provide specific employment standards and rights. I understand and agree that all benefits, programs, rules and policies of the Company are subject to exceptions or change at any time as decided by the Company.

I agree that any action, suit or claim (together, "Claim") against the Company, its directors, officers, employees or agents arising out of my employment or termination of the employment, including but not limited to, any Claim arising under State and Federal civil rights statutes must be brought, if at all, within 180 days of the events given rise to the Claim (or within the time frame provided by any shorter statute of limitations), or they will be forever barred. I understand that this means that even if the law would give me the right, and that any Claim not brought within 180 days of the event giving rise to the Claim after my employment ends will be barred. I waive any statute of limitations to the contrary. I also agree that in the event I file any Claim against the Company, its directors, officers, employees or agents and notwithstanding any rights to a jury trial for any Claim, I waive any such rights, and agree that any Claim of any type lodged in any court will be tried - if at all - without a jury.

Dated: _____ Print Name _____

By dating and entering your name you agree to the above **Terms of Employment**

Save a copy of this form to keep for your records and attach it in an e-mail addressed to - **jobopportunities@lorin.com** with the Subject: **Application for Employment** along with a copy of your resume.

You can also print this form to keep for your records and either Fax it to - 231.722.6216 with **Job Opportunities** on the Cover Sheet or mail it to -

**Lorin Industries
1960 Roberts
Muskegon, MI 49442
C/O: Job Opportunities**