

# APPLICATION FOR EMPLOYMENT

Date: \_\_\_\_\_

Last Name	First	Middle

## Senco Brands, Inc.

4270 Ivy Pointe Boulevard  
Cincinnati, Ohio 45245

In order that your application may be properly evaluated it is essential that all of the following questions be answered as carefully and completely as possible.

If you need more space for your answers, please attach a separate sheet. Please add any additional information (resume, transcript) which will help us in placing you where you are best qualified.

"If you are hired by SENCO, you will be required by federal law to provide certain personal information including your name, address, date of birth, and Social Security number. You must, upon hiring, attest, under penalty of perjury, that you are one of the following:



1. A citizen or national of the United States, or
2. An alien who has been lawfully admitted for permanent residence in the United States, or
3. An alien who is authorized by the U.S. Immigration and Naturalization Service to work in the United States."

All persons hired will be required to produce for the inspection and copying of the employer one or more documents listed below:

List A	List B	List C
<b>Identity and Employment Eligibility</b>	<b>Identity</b>	<b>Employment Eligibility</b>
<ul style="list-style-type: none"> <li>• United States Passport</li> <li>• Certificate of U.S. Citizenship</li> <li>• Certificate of Naturalization</li> <li>• Unexpired foreign passport with attached Employment Authorization</li> <li>• Alien Registration Card with photograph</li> </ul>	<ul style="list-style-type: none"> <li>• A State issued driver's license or I.D. card with photograph, or information, including name, sex, date of birth, height, weight and color of eyes.</li> </ul> <p>Specify State _____</p> <ul style="list-style-type: none"> <li>• U.S. Military Card _____</li> <li>• Other (specify document and issuing authority)</li> </ul>	<ul style="list-style-type: none"> <li>• Original Social Security Number Card (other than a card stating it is not valid for employment).</li> <li>• A birth certificate issued by State, county, or municipal authority bearing a seal or other certification.</li> <li>• Unexpired INS Employment Authorization</li> </ul> <p>Specify form # _____</p>

Upon hiring, you must, within three business days, produce either one document from "List A" or one each from "Lists B & C". **DO NOT SUBMIT A COMPLETED FORM I-9, OR PRODUCE ANY LISTED DOCUMENTS UNLESS YOU ARE TOLD THAT YOU HAVE BEEN HIRED.**

**AN EQUAL OPPORTUNITY EMPLOYER**

Name:	Last	First	Middle
Social Security No.:			
Present Address	No.	Street	
	City	State	Zip
Phone No.: 	(      )		
Permanent Address:	No.	Street	
	City	State	Zip
Phone No.: 	(      )		
In Case of Emergency Notify:	Name	Address	Phone No.
Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/>			
(Your answer will not necessarily bar you from employment) If yes, please give dates and explanation of conviction(s):			
Are you related to anyone that works for SENCO or its affiliated companies including SENCO officers? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, name of employee and relationship:			

Position applying for:	Date Available:	Salary/Wage Expected:	
Who referred you to the company?			
Have you ever worked for us? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, when?		
Clerical Applicants: Can you type? Yes <input type="checkbox"/> No <input type="checkbox"/>	WPM	Can you take dictation? Yes <input type="checkbox"/> No <input type="checkbox"/>	WPM
What office machines can you operate?			
Factory Applicants: List machines you operate:			
List machines you can set-up:			
Do you read blueprints? Yes <input type="checkbox"/> No <input type="checkbox"/>	Use precision measuring instruments? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Factory applicants check shift you can work:	1 <sup>st</sup> <input type="checkbox"/>	2 <sup>nd</sup> <input type="checkbox"/>	3 <sup>rd</sup> <input type="checkbox"/>

School	Name and Location	State if Graduated and Degree	Major Subject	Minor Subject(s)
High School		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:		
College(s)		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree:		
Technical, Professional, Business or Other		Yes <input type="checkbox"/> No <input type="checkbox"/> Degree		
Rank in graduating class (e.g., top 1/3, middle 1/3, bottom 1/3):		High School	College	
GPA - A =	Overall	College Major		
Scholastic honors, scholarships, assistantships, etc.:				
Attending school now? Yes <input type="checkbox"/> No <input type="checkbox"/>		Where?		

List in order with **LAST** employer **FIRST**. Include volunteer experience, if related. Account for last 10 years or years worked, if less than 10 years.

May we contact your present employer? Yes  No

1) Employed From	Employed To	Job Title	Supervisor	Salary
				Starting Final
Company		Location Phone No.	Reason for leaving	
Description of duties:				

2) Employed From	Employed To	Job Title	Supervisor	Salary
				Starting Final
Company		Location Phone No.	Reason for leaving	
Description of duties:				

3) Employed From	Employed To	Job Title	Supervisor	Salary
				Starting Final
Company		Location Phone No.	Reason for leaving	
Description of duties:				

4) Employed From	Employed To	Job Title	Supervisor	Salary
				Starting Final
Company		Location Phone No.	Reason for leaving	
Description of duties:				

5) Employed From	Employed To	Job Title	Supervisor	Salary
				Starting Final
Company		Location Phone No.	Reason for leaving	
Description of duties:				

Excluding religious and/or political activities, please add any information about your interests that you feel may be pertinent


Branch of Service	Date entered	Date discharged or separated
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Major duties:
Service schools attended:

Are you willing to submit to physical examinations required by SENCO?    Yes <input type="checkbox"/> No <input type="checkbox"/> (Any such exam would occur after a conditional job offer is made)
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List three references who are not relatives or previous supervisors:			
Name	Address	Occupation	Years Known
Name	Address	Occupation	Years Known
Name	Address	Occupation	Years Known

**BE SURE TO READ THE MATERIAL BELOW – SIGN WHERE INDICATED**

I certify that the statements I have made in this application and attachments are true and I authorize SENCO to investigate the accuracy and completeness of this information. I hereby give permission to the Company or its duly authorized representative, to contact any persons or companies named in this application other than my present employer.

It is understood that, as prerequisite to consideration for employment, I agree to submit to such future examinations, physical or other, as may be required by the Company. Such examinations may include drug testing. The company will pay the reasonable cost of any such examination which may be required.

In the event of my employment, I expressly understand that any false or misleading statements made by me in this application or in connection with my physical examination will be sufficient grounds for immediate dismissal from employment.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the Company and me for either employment or for the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing and signed by the Director of Human Resources.

If an employment relationship is established, I understand I have the right to terminate my employment at any time, for any reason, and that the Company also has that right. I also understand that if I am hired the employment relationship will remain as described in the preceding sentence, and that no relationship to the contrary will exist by virtue of any other agreement, representation or contract, expressed or implied, unless a written agreement expressly designated to be an employment contract is signed by me and the Director of Human Capital Management. Without limiting the generality of the above, I specifically agree that I will have no contractual rights as a result of any employee or supervisor's handbook.

Additionally, I understand that, should I become employed by the Company, I may be required to sign a Patent Disclosure Agreement, Confidential Information Agreement and/or a Noncompete Agreement. I hereby give the Company the right to make a thorough investigation of my past employment, education, and activities, and I release from all liability all persons, companies and corporations supplying such information. I indemnify the Company against any liability which might result from making such investigation. I understand that any false answer or statements or implications made by me in this application or other required documents shall be considered sufficient cause for denial of employment or discharge.

**DATE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_

Physical		Drivers License		Social Security Card
Date	Time			
Starting Date	Cost Center	Shift	Starting Rate	Shift Diff.
Clock No.	Interviewed By:		Date	Time
Job Title & No.				
Company:			Report to:	