

R. W. SAUDER, INC.
APPLICATION FOR EMPLOYMENT

Please mail completed application to:

R.W. Sauder, Inc.
 c/o Human Resources Department
 PO Box 427
 Lititz, PA 17543

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, disability, veteran status, or any other legally protected status.

PERSONAL	Last Name			First	Middle	Date
	Street Address					Home Phone ()
	City, State, Zip					Business Phone ()
	Have you ever been employed by R. W. Sauder, Inc. <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When _____					Social Security No.
	Position Desired					Pay Expected
	Type of work desired? Full time _____ Part Time _____					Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Shift Preference? First _____ Second _____ Third _____					When will you be available to begin work? _____
	Other special training or skills (languages, machine operation, etc.)					
	How did you learn of our organization?					

• Are you eligible to work in the United States? Yes _____ No _____
 (Proof of eligibility will be required before you can be employed)

• Are you presently on layoff or leave of absence from any other company? Yes _____ No _____

• Do you have any commitments with another employer that might affect your employment with R. W. Sauder?
 If yes, explain _____

EDUCATION	SCHOOL	NAME AND LOCATION OF SCHOOL	COURSE OF STUDY	NO. OF YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Other				<input type="checkbox"/> Yes <input type="checkbox"/> No	

IN CASE OF EMERGENCY				
Name of person you wish to be notified in the event of an emergency				
Their Address Number & Street	City	State	Zip Code	Telephone

The information requested is needed for a legally permissible reason, including, without limitation, national security considerations, a legitimate occupational qualification or business necessity. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits discrimination as well as some additional types such as discrimination based upon ancestry, marital status or physical or mental disability.

Are you over 18 years of age? Yes No
 If not, employment is subject to verification of minimum legal age.

Have you been convicted of a crime in the past ten years, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court? Yes No If Yes, describe in full.

MILITARY

Did you serve in the U. S. Armed Forces? Yes No

If "Yes," in what Branch?

Describe any training received relevant to the position for which you are applying.

List at least two responsible adults who have knowledge of your work ethic, experience and ability.
 (Do not include relatives, former or present employers, or fellow employees.)

Name	Address	Telephone No.	Occupation

I understand as a condition of employment at R. W. Sauder, Inc. I will be required to pass a urine drug/alcohol test and any decision made concerning application for employment is contingent upon the results of this test.

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I certify that the information contained in this application is complete and correct. I understand that incomplete or incorrect information provided in this application or during an interview may result in my not being hired, or, in the event of my employment, may result in termination. I authorize R.W. Sauder, Inc. ("the Company") to verify this information I have provided and to make such investigations and inquires of my employment history as may be necessary to arrive at an employment decision. I specifically release the Company, its employees and agents and all who respond to such inquiries and the information received. I further understand that this employment application and any other Company documents are not contracts of employment and that, should I obtain such employment, that employment may be terminated with or without cause, at any time, at the option of either the Company or myself. I also understand that no representative, agent or employee of the Company has the authority to enter into any agreement for employment for any specified time, or to make any arrangement contrary to the foregoing.

_____ Date

_____ Signature of Applicant

