

# NUTTER CORPORATION

## EMPLOYMENT APPLICATION

**PRE-EMPLOYMENT  
DRUG TESTING  
REQUIRED**

Nutter Corp. (the "Company") is an equal opportunity/affirmative action employer. All qualified applicants will be considered without regard to age, race, color, sex, religion, national origin, marital status, ancestry, citizenship, veteran status, sexual orientation or preference, or physical or mental disability.

### PERSONAL

Last Name	First	Initial	Social Security # -- --
Other Name(s) Used			Home Telephone # ( )
Address			Business or Message # ( )
Position Applied For	Referred By		Salary Desired
Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No			

### EMPLOYMENT HISTORY

List your last three applicable employments, starting with the most recent position. You may attach a resume.

Start Date / /	Employer Name	Employer Address	Private Wage
End Date / /	Supervisor Name	Supervisor Phone #	Ending Wage
Job Title:	Duties & Responsibilities:		Reason for Leaving:

Start Date / /	Employer Name	Employer Address	Private Wage
End Date / /	Supervisor Name	Supervisor Phone #	Ending Wage
Job Title:	Duties & Responsibilities:		Reason for Leaving:

Employer & location	Position	Dates From/To	Private Wage Rate

# EDUCATION

Circle Highest Grade Completed:	High School	9	10	11	12
	College, Trade or Business	1	2	3	4
	Graduate Studies	_____			

List Any Professional Designations

(First Aid, CPR, CDL, Flagger Certification, Traffic Control Supervisor, Confined Space Classes, Trenching & Shoring Classes, etc.)

Other Special Knowledge, Skills or Qualifications

# GENERAL

- |                          |                          |   |
|--------------------------|--------------------------|---|
| Yes                      | No                       |   |
| <input type="checkbox"/> | <input type="checkbox"/> | May we contact your current employer for references?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, will you be able to work overtime?  |
| <input type="checkbox"/> | <input type="checkbox"/> | If hired, are you willing to travel. If YES How far?_____, How long?_____ .   |
| <input type="checkbox"/> | <input type="checkbox"/> | Will you be able to perform the essential job functions of the position for which you are applying with or without reasonable accommodations? |

# CERTIFICATION & AUTHORIZATION

The above information is true and correct. I understand that, in the event of my employment by the Company, I shall be subject to disciplinary action up to and including dismissal, if any information that I have given in this application is false or misleading or if I have failed to give any information herein requested, regardless of the time elapsed after discovery.

I authorize the Company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position. I hereby give my consent to any former employer to provide employment-related information about me to the Company and will hold the Company and my former employer harmless from any claim made on the basis that such information about me was provided or that any employment decision was made on the basis of such information. I further authorize the Company to obtain any credit and consumer check.

I understand that nothing in this employment application, the granting of an interview or my subsequent employment with the Company is intended to create an employment contract between myself and the Company under which my employment could be terminated only for cause. On the contrary I understand and agree that, if hired, my employment will be terminable at will and may be terminated by me or the Company at any time and for any reason. I understand that no person has any authority to enter into any agreement contrary to the foregoing.

If employed, I will be required to provide original documents which verify my identity and right to work in the United States under the Immigration Reform and Control Act (IRCA) of 1986. The document(s) provided will be used for completion of Form I-9.

I hereby acknowledge that I have read and agree to the above statements.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date