

11685 Chillicothe Road, P.O. Box 307, Chesterland, OH 44026. (440) 729-0140

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

The Truline Vision

We will, through development of relationships that value our employees and their families, our customers, our suppliers and local community, present the Gospel message and Christ-like character for the purpose of salvation and discipleship. We firmly believe that these principles will foster excellence and integrity in our company, making us a world leader in our field.

Due to the beliefs and goals of Truline, including a company wide wellness program, all applicants will be subject to drug testing, including Nicotine, sometimes known as Cotinine testing. **No trace of drugs (including nicotine)** can be present in the applicant's system for the applicant to be considered for employment. This also applies to continuing employment, if the applicant gains employment but later is found (through testing, or direct observation by Truline personnel) to be using drugs the applicant is subject to immediate dismissal.

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PERSONAL INFORMATION

	Date Social S	eculity #	-
Name			
Last	First	Middle	
Present Address			
Permanent Address			
Please provide a valid Driver's	License Number		
Phone #:	Are you 18 years of age or older? Yes	No	
	you will be required to attest to your identity and em oyment eligibility. You cannot be hired if you cannot		

EMPLOYMENT DESIRED

Position	Date Avail	able for Start	_Salary Desired	
Are you employed now	? If so, Where?			
Have you ever applied	to this company before? If yes, V	Vhen?		
Education High School	Name and Location of School	No. of Years Completed	Subjects studied and Degree(s) Received	
College/University				
Trade, Business, or Correspondence School				

Job Related Skills (G-code, CMM programming, Inventory, etc.)_____

Work History List below your last four employers in chronological order from most recent to least recent.							
Date, Month and Year	Name and Address of Employer	Salary (Starting-Ending)	Position	Reason for Leaving			
From: To:							
From: To:							
From: To:							
From: To:							

References (Note: This section is for professional references only, or if you were referred by someone working at Truline)

Name	Address	Position	Yrs. Acquainted
1.			Acquainted
2.			
3.			

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovery is made by Truline.

I understand that any employment is conditional on a background check. I authorize Truline Industries to thoroughly investigate all statements contained in my application or resume, and I authorize my current and former employers and references to disclose information regarding my employment, character and general reputation, without giving me prior notice of such disclosure. In addition, I release Truline, any former employers and all references listed above from any and all claims, demands or liabilities arising our of or related to such investigation or disclosure.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hire, it is "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either Truline or myself. 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.

If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical exam or drug test at any time deemed appropriate by Truline and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to Truline the results of the examination, which shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide the Truline's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the company to hire. If hired, I agree to abide by all company work rules, policies and procedures. Truline Industries retains the right to revise its policies or procedures, in whole or in part, at any time.

Date_____Signature_____