



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.

Email Address:

PERSONAL INFORMATION

Date Social Security #

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

If you are to be hired by Truline, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

EMPLOYMENT DESIRED

Position Date Available for Start Salary Desired

Are you employed now? If so, Where?

Have you ever applied to this company before? If yes, When?

Table with 4 columns: Education, Name and Location of School, No. of Years Completed, Subjects studied and Degree(s) Received. Rows include High School, College/University, and Trade, Business, or Correspondence School.

Special Studies or Research \_\_\_\_\_

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.			
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 out 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 \_\_\_\_\_



NOTICE REGARDING BACKGROUND INVESTIGATION [IMPORTANT -- PLEASE READ CAREFULLY BEFORE SIGNING ACKNOWLEDGMENT]...Employer ("the Company") may obtain information about you from a consumer reporting agency for employment purposes. Thus, you may be the subject of a "consumer report" and/or an "investigative consumer report" which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization and, if you are hired, throughout your employment. You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history conducted by Corporate Screening Services, Inc., 16530 Commerce Court, Cleveland, OH 44130, Phone: 800-229-8606, Fax: (440) 243-4204, www.CorporateScreening.com or another outside organization. The scope of this notice and authorization is all-encompassing, however, allowing Employer to obtain from any outside organization all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment to the extent permitted by law. As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report.

**New York applicants or employees only:** You have the right to inspect and receive a copy of any investigative consumer report requested by Employer by contacting the consumer reporting agency identified above directly.

#### ACKNOWLEDGMENT AND AUTHORIZATION

I acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION and A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT and certify that I have read and understand both of those documents. I hereby authorize the obtaining of "consumer reports" and/or "investigative consumer reports" at any time after receipt of this authorization and, if I am hired, throughout my employment. To this end, I hereby authorize, without reservation, any law enforcement agency, administrator, state or federal agency, institution, school or university (public or private), information service bureau, employer, or insurance company to furnish any and all background information requested by Corporate Screening Services, Inc., another outside organization acting on behalf of Employer, and/or Employer itself. I agree that a facsimile ("fax") or photographic copy of this Authorization shall be as valid as the original.

**Minnesota and Oklahoma applicants or employees only:** Please check this box if you would like to receive a copy of a consumer report if one is obtained by the Company.

**California applicants or employees only:** By signing below, you also acknowledge receipt of the NOTICE REGARDING BACKGROUND INVESTIGATION PURSUANT TO CALIFORNIA LAW. Please check this box if you would like to receive a copy of an investigative consumer report or consumer credit report if one is obtained by the Company at no charge whenever you have a right to receive such a copy under California law.

Name: \_\_\_\_\_

Please Print

Social Security Number \_\_\_\_\_ DOB\*\* \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ / State \_\_\_\_\_ / Zip \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_

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

\*\*Date of Birth is being requested in order to obtain accurate retrieval of records.