

# EMPLOYMENT APPLICATION

NAME: \_\_\_\_\_



## **AN EQUAL OPPORTUNITY EMPLOYER**

**Fuel Total Systems Kentucky Corporation does not discriminate against applicants on the basis of age, race, color, religion, national origin, disability, or any other characteristic protected by applicable laws. If you need assistance completing this application, please contact the Fuel Total Systems Human Resources Department.**



<b>EMPLOYMENT</b> STARTING WITH CURRENT OR LAST EMPLOYER, PLEASE PROVIDE A DETAILED ACCOUNT OF YOUR EMPLOYMENT HISTORY DURING THE LAST 10 YEARS, ATTACHED RESUME OR LISTING OF ADDITIONAL POSITIONS IF NECESSARY				
CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM      TO	ANNUAL BASE SALARY STARTING      ENDING	BONUS OR OTHER
STREET ADDRESS	POSITION RESPONSIBILITIES			
CITY, STATE, ZIP CODE				
TELEPHONE NUMBER				
SUPERVISOR'S NAME	REASON FOR LEAVING			
CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM      TO	ANNUAL BASE SALARY STARTING      ENDING	BONUS OR OTHER
STREET ADDRESS	POSITION RESPONSIBILITIES			
CITY, STATE, ZIP CODE				
TELEPHONE NUMBER				
SUPERVISOR'S NAME	REASON FOR LEAVING			
CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM      TO	ANNUAL BASE SALARY STARTING      ENDING	BONUS OR OTHER
STREET ADDRESS	POSITION RESPONSIBILITIES			
CITY, STATE, ZIP CODE				
TELEPHONE NUMBER				
SUPERVISOR'S NAME	REASON FOR LEAVING			
CURRENT OR LAST EMPLOYER & TYPE OF BUSINESS	POSITION TITLE	DATES EMPLOYED FROM      TO	ANNUAL BASE SALARY STARTING      ENDING	BONUS OR OTHER
STREET ADDRESS	POSITION RESPONSIBILITIES			
CITY, STATE, ZIP CODE				
TELEPHONE NUMBER				
SUPERVISOR'S NAME	REASON FOR LEAVING			

### ADDITIONAL EXPERIENCE

IF YOU WISH, PLEASE LIST ANY EXTRA-CIRRICULAR ACTIVITIES, HONOR SOCIETIES, COMMUNITY ACTIVITIES, PUBLICATIONS OR PATENTS:	PLEASE LIST ANY COMPUTER SOFTWARE, OFFICE MACHINES OR EQUIPMENT YOU CAN OPERATE:				
		SKILL	PROFICIENCY (EXPERT/GOOD/FAIR)	LAST USED (YEAR)	EXPERIENCE (YEARS)

# U.S. MILITARY SERVICE

HAVE YOU EVER BEEN DISCHARGED FROM MILITARY SERVICE ON AN OTHER THAN HONORABLE BASIS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
---------------------------------------------------------------------------------------------------------------------------------------------------	--

# MISCELLANEOUS

HOW WERE YOU REFERRED TO FTSKY?	DO YOU HAVE ANY FRIENDS OR RELATIVES WORKING AT FTSKY? <input type="checkbox"/> YES <input type="checkbox"/> NO	GIVE NAMES AND RELATIONSHIP	
HAVE YOU EVER APPLIED FOR A POSITION WITH FTSKY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN AND WHERE	HAVE YOU EVER BEEN EMPLOYED BY FTSKY OR A TG NORTH AMERICA COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHEN AND WHERE

# BUSINESS REFERENCES

PLEASE LIST BUSINESS REFERENCES, i.e., SUPERVISORS, PEERS, CUSTOMERS, ETC.

NAME	COMPANY	ADDRESS	TELEPHONE NO.	BUSINESS / RELATIONSHIP TO YOU

## Employment Desired:

What days and hours are you available for work? \_\_\_\_\_

Are you available for work on weekends? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Would you be available to work overtime, if necessary? \_\_\_\_\_ YES      \_\_\_\_\_ NO

If no, please explain: \_\_\_\_\_

## TERMS AND CONDITIONS: Authorization, Statement of Accuracy, Employment Status, and Notice of Drug Screening

I understand that I may be asked to undergo a background check if offered employment with FTSKY. In the event such a request is made, I will fully cooperate.

I acknowledge nothing contained in this employment application or in the granting of an interview is intended to or can create an employment contract between FTSKY and myself or provide any other benefit. I understand that if I am employed by FTSKY, I shall be an employee--at will. I have the right to resign my employment without cause and without notice at any time and FTSKY has the right to terminate my employment at any time without cause. I understand that the at-will relationship can be changed only by a written employment agreement, signed by FTSKY's President.

I agree that if offered employment, I will, as a condition of employment, submit proof of my identity and legal right to work in the United States upon request.

If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid driver's license and understand that I will be required to provide a copy of my official driving record and proof of insurance.

I understand that as a condition of initial employment and at various times as a condition of continued employment, I may be asked to sign various agreements including among others inventions, conflicts of interest and confidentiality. I agree that I will not disclose to third parties any FTSKY trade secrets.

I understand that if offered employment, the offer is contingent on my passing a pre-employment drug screen at FTSKY's expense. By signing this application, I agree to submit to a pre-employment drug screen upon receipt of a verbal offer of employment. I understand that failure to pass the drug screen may result in the withdrawal of the employment offer. I further understand that refusal to submit to a drug screen may also result in a withdrawal of the employment offer.

This application is valid for 60 calendar days. I understand that I must complete and submit a new application if FTSKY has not offered me employment within 60 days and I still wish to be considered for participation.

Any claim, charge, cause of action or other allegation (collectively, "claims") that I may ever have against FTSKY and/or any agent or employee of FTSKY in connection with my application for employment (if hired) or termination of my employment shall be forever barred, waived, and released if I do not file such a claim with the appropriate administrative agency or a court located in Marion County Kentucky (or the U.S. District Court nearest thereto) within one half (50%) of the time permitted under the statute of limitation applicable to such claim. I hereby waive any longer statute of limitation. This limitation and waiver applies to every claim of any nature, including, but not limited to claims arising under local, state, or federal civil rights and employment laws. If I am hired, I will remain bound by these terms during and following my employment.

I understand I will not be considered for employment unless I agree to these terms. By signing below, I confirm that I agree to these terms knowingly, voluntarily, and in exchange for the FTSKY's consideration of my application for employment.

I certify that all answers and statements on this application are true and complete to the best of my knowledge. I understand that any omission, misrepresentation, or falsification by me on this application or in any other document submitted to FTSKY is a legitimate reason for refusing to hire me or to terminate my employment if discovered after I have been hired.

Applicant's printed name: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_