

OTHER INFORMATION

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Do you have the ability to perform all job related functions of the position(s) for which you are applying?

Yes No

If no, please explain: _____

In case of an emergency, who should the Company contact on your behalf?

NAME	ADDRESS	AREA CODE/TELEPHONE NO.
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Can you verify that you are at least 18 years of age? Yes No

Are you legally entitled to work in the United States? Yes No

Have you ever been convicted of a felony? Yes No

If yes, please give dates and explain: _____

(A conviction will not necessarily disqualify you from employment)

EDUCATION/TRAINING

School	Name/Location	Course of Study	NO. Years Completed	Diploma or Degree
High School				
College				
Other				

Please describe any other academic achievements, honors, licenses, certification or training:

EMPLOYMENT EXPERIENCE

Start with your present job. Include military service assignments and self-employment.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Job Title	Hourly Rate/Salary		
	Starting	Final	
Supervisor			
Reason for leaving			

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Reason for leaving			

List Periods of unemployment:

Please summarize special skills, expertise or qualifications acquired from employment, other experience, or state any additional information you feel may be helpful in considering your application:

AGREEMENT AND AUTHORIZATION

(READ CAREFULLY BEFORE SIGNING)

In signing and submitting this application for employment to Collins Industries Inc. and/or its subsidiaries, I clearly understand and agree:

- (1) I certify that the information contained in this application is correct and complete to the best of my knowledge and understand that omission, misrepresentation or falsification of information is grounds for refusal to employ me or my dismissal if I am employed;
- (2) I authorize my references, schools, and current and past employers to give the Company any and all information concerning my previous employment and any information they may have, personal or otherwise, and release all parties from all liability for any damage or claim that may result from furnishing the same to the Company;
- (3) I agree to submit to any alcohol or drug screen or other tests as warranted by circumstances at the discretion of the Company;
- (4) If I am employed and I should fail to return any tools which I may check out, I hereby authorize the Company to deduct from my pay due me, at the time, the value of such tools. I also agree to furnish the personal tools customarily required for my job;
- (5) If accepted for employment, I understand such acceptance is contingent on my passing a medical examination and for the purposes of a medical examination, I authorize any doctor with whom I have consulted previously in a physician-patient relationship to release and convey any information relative to such consultant or treatment;
- (6) If I am employed, I agree to abide by the rules, regulations and policies of the Company, and understand my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself;
- (7) I understand that no representative of the Company, other than the President of the Company, has any authority to enter into any contractual agreement for employment for any specified period of time, or make any agreement contrary to the foregoing.

DATE

SIGNATURE OF APPLICANT

PERSONAL DEPARTMENT USE ONLY

Interviewed

By _____ / _____
HUMAN RESOURCES DATE

Yes No

By _____ / _____
MANAGER DATE

Position(s) Applied for Open: Yes No

Position(s) considered for: _____

Interviewer(s) remarks: _____
HUMAN RESOURCES

MANAGER

Employment Date _____ Hourly/Salaried Rate \$ _____ Supervisor _____

Job Title _____ Department _____ Subsidiary _____

Safety Group _____