

MARIETTA SILOS, LLC U.S.A. SILO SERVICE, INC.

EMPLOYMENT APPLICATION

GENERAL

HOW DID YOU HAPPEN TO APPLY FOR THIS POSITION? GIVE NAME OF INDIVIDUAL OR SOURCE _____

FOR WHAT POSITION ARE YOU APPLYING? _____

APPROXIMATE EXPECTED SALARY _____ (PER WEEK) _____ (PER YEAR)

DATE AVAILABLE FOR WORK _____ (MONTH) _____ (DAY) _____ (YEAR)

PERSONAL INFORMATION

NAME _____ TELEPHONE NUMBER _____
LAST FIRST MIDDLE

CELL PHONE NUMBER _____ EMAIL ADDRESS _____

CURRENT ADDRESS _____
NO. STREET CITY STATE ZIP

HOW LONG? _____ (YEARS) _____ (MONTHS)

PREVIOUS ADDRESS _____
NO. STREET CITY STATE ZIP

HOW LONG? _____ (YEARS) _____ (MONTHS)

PREVIOUS ADDRESS _____
NO. STREET CITY STATE ZIP

HOW LONG? _____ (YEARS) _____ (MONTHS)

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____

EMERGENCY CONTACT NUMBERS

NAME _____ RELATIONSHIP _____ NUMBER _____

NAME _____ RELATIONSHIP _____ NUMBER _____

DO YOU HAVE ANY MILITARY OBLIGATIONS THAT WOULD CAUSE YOU TO MISS WORK?
YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DO YOU OWN OR HAVE ACCESS TO AN AUTOMOBILE? YES _____ NO _____

DO YOU HAVE A VALID DRIVER'S LICENSE? YES _____ NO _____

HAS YOUR DRIVER'S LICENSE EVER BEEN REVOKED OR SUSPENDED? YES _____
NO _____

IF YES,
EXPLAIN _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES _____ NO _____

IF YES, EXPLAIN _____

HAVE YOU BEEN CONVICTED OF A MISDEMEANOR? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE ANY OUTSTANDING WARRANTS FOR YOUR ARREST? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

DO YOU HAVE ANY MEDICAL CONDITION(S) THAT WOULD/MAY INHIBIT YOUR ABILITY
TO PERFORM THE DUTIES OF THE POSITION FOR WHICH YOU ARE APPLYING?
YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

ARE YOU TAKING ANY MEDICATIONS THAT COULD NEGATIVELY AFFECT YOUR PRE-EMPLOYMENT SCREENING/SUBSEQUENT JOBDUTIES/PERFORMANCE? _____

IF YES, PLEASE EXPLAIN _____

EMPLOYMENT HISTORY

ARE YOU CURRENTLY EMPLOYED? YES _____ NO _____

MAY WE CONTACT YOUR CURRENT EMPLOYER? YES _____ NO _____

PRESENT OR LAST

EMPLOYER _____ PHONE NUMBER _____

SUPERVISOR'S NAME AND TITLE _____

ADDRESS _____
NO. STREET CITY STATE ZIP

DATES EMPLOYED _____ (MONTH) _____ (YEAR) **TO** _____ (MONTH) _____ (YEAR)

SALARY _____ (ANNUAL GROSS INCOME)

JOB TITLE _____ NATURE OF DUTIES _____

REASON FOR LEAVING _____

PREVIOUS

EMPLOYER _____ PHONE NUMBER _____

SUPERVISOR'S NAME AND TITLE _____

ADDRESS _____
NO. STREET CITY STATE ZIP

DATES EMPLOYED _____ (MONTH) _____ (YEAR) **TO** _____ (MONTH) _____ (YEAR)

SALARY _____ (ANNUAL GROSS INCOME)

JOB TITLE _____ NATURE OF DUTIES _____

REASON FOR LEAVING _____

ADDITIONAL PREVIOUS EMPLOYERS

EMPLOYER _____ PHONE NUMBER _____

SUPERVISOR'S NAME AND TITLE _____

ADDRESS _____
NO. STREET CITY STATE ZIP

DATES EMPLOYED _____ (MONTH) _____ (YEAR) **TO** _____ (MONTH) _____ (YEAR)

SALARY _____ (ANNUAL GROSS INCOME)

JOB TITLE _____ NATURE OF DUTIES _____

REASON FOR LEAVING _____

EDUCATION

HIGHSCHOOL _____
NAME ADDRESS CITY STATE ZIP

HOW MANY YEARS COMPLETED? 1____, 2____, 3____, 4____ LAST YEAR ATTENDED _____

DO YOU HAVE A HIGH SCHOOL DIPLOMA? _____ YES _____ NO GED _____ YES _____ NO

COLLEGE _____
NAME ADDRESS CITY STATE ZIP

HOW MANY YEARS COMPLETED? 1____, 2____, 3____, 4____ LAST YEAR ATTENDED _____

MAJOR _____

OTHERS _____
NAME ADDRESS CITY STATE ZIP

HOW MANY YEARS COMPLETED? 1____, 2____, 3____, 4____ LAST YEAR ATTENDED _____

MAJOR/CERTIFICATION _____

ARE YOU CURRENTLY ENROLLED IN SCHOOL? _____ YES _____ NO

DO YOU ANTICIPATE ENROLLMENT IN SCHOOL? _____ YES _____ NO

ADDITIONAL INFORMATION

BRIEFLY OUTLINE ANY ADDITIONAL SKILLS, KNOWLEDGE, EXPERIENCE, OR OTHER
RELEVANT QUALIFICATIONS FOR THIS POSITION _____

CERTIFICATION

I CERTIFY THAT THE ANSWERS GIVEN BY ME TO ALL OF THE QUESTIONS ON THIS APPLICATION AND ANY ATTACHMENTS ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT AND THAT I HAVE NOT WILLINGLY OR KNOWINGLY WITHHELD ANY PERTINENT FACTS OR CIRCUMSTANCES.

I FURTHER UNDERSTAND THAT IF I AM EMPLOYED, THAT ANY OMISSION OR MISSTATEMENT OF FACT IN THIS APPLICATION MAY RESULT IN REFUSAL OF, OR SEPARATION FROM, EMPLOYMENT UPON DISCOVERY THEREOF.

I HEREBY GRANT THE EMPLOYER THE RIGHT TO INVESTIGATE AND VERIFY INFORMATION FROM ALL REFERENCES, EMPLOYERS, EDUCATIONAL INSTITUTIONS AND THE LIKE. I ALSO RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING, GATHERING AND OBTAINING INFORMATION, AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR SUPPLYING THE INFORMATION.

I UNDERSTAND THAT ALL POSITIONS ARE FILLED ACCORDING TO MERIT ONLY. U.S.A. SILO SERVICE, INC. DOES NOT DISCRIMINATE UNLAWFULLY ON THE BASIS OF SEX, RELIGION, RACE, COLOR, OR NATIONAL ORIGIN. IT IS AN EQUAL OPPORTUNITY EMPLOYER.

IF HIRED, I UNDERSTAND THAT I HAVE THE RIGHT TO TERMINATE MY EMPLOYMENT WITH SAID EMPLOYER AT ANY TIME WITHOUT PRIOR NOTICE, OR CAUSE. THE EMPLOYER MAINTAINS THESE SAME RIGHTS, EXCEPT AS MAY BE REQUIRED BY LAW.

I UNDERSTAND THAT IF I AM HIRED, I WILL BE REQUIRED TO PROVIDE SAID EMPLOYER TWO FORMS OF IDENTIFICATION; A DRIVERS LICENSE AND BIRTH CERTIFICATE, OR SOCIAL SECURITY CARD.

I UNDERSTAND THAT THE OFFER OF EMPLOYMENT MAY BE SUBJECT TO AN INVESTIGATION (AS AUTHORIZED ABOVE) AND THE RESULTS OF THE INVESTIGATION MUST BE ACCEPTABLE TO THE EMPLOYER. I FURTHER ACKNOWLEDGE AND UNDERSTAND THAT THIS EMPLOYMENT APPLICATION DOES NOT REPRESENT AN IMPLIED, OR EXPRESSED OFFER OF EMPLOYMENT, OR CONTRACTUAL RELATIONSHIP WITH THE EMPLOYER FOR ANY SPECIFIED PERIOD, OR DURATION OF TIME. I ALSO UNDERSTAND THAT ONLY AN OFFICER OF THE CORPORATION IS AUTHORIZED TO EXTEND EMPLOYMENT.

I UNDERSTAND AND ACKNOWLEDGE THAT IF I AM HIRED, I MAY BE SUBJECT TO RANDOM DRUG TESTING AND THAT THE TEST RESULT(S) MAY DETERMINE EMPLOYMENT EXTENSION , AND/OR RESULT IN IMMEDIATE EXPULSION OF MY EMPLOYMENT WITH U.S.A. SILO SERVICE, INC.

UPON SIGNING THIS EMPLOYMENT APPLICATION, I AM REPRESENTING THAT I HAVE READ AND UNDERSTAND ALL BEFOREMENTIONED INFORMATION AND FURTHER VERIFY THAT ALL INFORMATION THAT I HAVE PROVIDED IS FACTUAL AND TRUE.

SIGNATURE OF APPLICANT _____ DATE _____