



Mail to:
 Incobrasa Industries, Ltd.
 P. O. Box 98
 Gilman, IL 60938
 Fax: 815-265-4733

**INCOBRASA INDUSTRIES, LTD.
 APPLICATION FOR EMPLOYMENT**

PERSONAL INFORMATION

| | | |
|---|--|--------------------------------------|
| Last Name: _____ First Name: _____ Middle Initial: _____ | | |
| Social Security Number: _____ E-Mail Address: _____ | | |
| Street Address: _____ Apt. #: _____ P.O. Box #: _____ | | |
| City: _____ State: _____ Zip Code: _____ | | |
| Telephone with area code: _____ Cell Phone: _____ | | |
| Are you at least 18 years of age? <i>YES</i> <i>NO</i> | | |
| Who should be notified in case of an emergency? | | |
| Name: _____ Phone Number: _____ | | |
| Have you worked for Incobrasa Industries, Ltd. before? <i>YES</i> <i>NO</i> | | If yes, provide dates of employment: |
| | | From: _____ To: _____ |

DESIRED EMPLOYMENT

| | | |
|--|------------------------------|--------------------------|
| Position applying for: _____ | Date you can start: _____ | Salary desired: _____ |
| Availability: Full-time _____ Part-time _____ Other _____ | | |
| Preferred shifts: Day _____ 2 nd Shift _____ 3 rd Shift _____ Rotating Shift _____ No Preference _____ | | |

EDUCATION

| School Level | Name and Location | Years Attended | Did you Graduate? | Subjects Studied |
|--|-------------------|----------------|-------------------|------------------|
| Grammar School | | | | |
| High School | | | | |
| College – Undergraduate: Graduate: | | | | |
| Trade, Business or Correspondence School | | | | |

GENERAL

| |
|--|
| Subjects of special study or research work: |
| Special Training: |
| Special Skills (list machines, computer programs, foreign languages, etc.): |

| |
|---|
| How did you hear about Incobrasa? ___ Ad in newspaper: _____ ___ Ad on radio: _____ ___ Internet: _____ ___ Illinois Skills Match ___ Referred by: Employee who is ___ a friend, ___ relative: First & Last Name: _____ ___ Previously worked for Incobrasa Industries, Ltd. ___ Other: _____ |
|---|

EMPLOYERS

List all employers, *starting with the most recent one first.*

| | | | |
|--|----------------------|--------------------------|------------------|
| Name of present or last employer: | | Telephone Number: | |
| Address: | City: | State: | Zip Code: |
| Starting Date: | Leaving Date: | Job Title: | |
| Name of Supervisor: | | | |
| May we contact Company and Supervisor? YES NO | | | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

Previous Employer

| | | | |
|--|----------------------|--------------------------|------------------|
| Name of present or last employer: | | Telephone Number: | |
| Address: | City: | State: | Zip Code: |
| Starting Date: | Leaving Date: | Job Title: | |
| Name of Supervisor: | | | |
| May we contact Company and Supervisor? YES NO | | | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

Previous Employer

| | | | |
|--|----------------------|--------------------------|------------------|
| Name of present or last employer: | | Telephone Number: | |
| Address: | City: | State: | Zip Code: |
| Starting Date: | Leaving Date: | Job Title: | |
| Name of Supervisor: | | | |
| May we contact Company and Supervisor? YES NO | | | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

Previous Employer

| | | | |
|--|----------------------|--------------------------|------------------|
| Name of present or last employer: | | Telephone Number: | |
| Address: | City: | State: | Zip Code: |
| Starting Date: | Leaving Date: | Job Title: | |
| Name of Supervisor: | | | |
| May we contact Company and Supervisor? YES NO | | | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

Previous Employer

| | | | |
|--|----------------------|--------------------------|------------------|
| Name of present or last employer: | | Telephone Number: | |
| Address: | City: | State: | Zip Code: |
| Starting Date: | Leaving Date: | Job Title: | |
| Name of Supervisor: | | | |
| May we contact Company and Supervisor? YES NO | | | |
| Description of Work: | | | |
| Reason for Leaving: | | | |

PROFESSIONAL REFERENCES

Below, give the names of three persons you are not related to, whom you have known at least one year, and who are aware of your work skill.

| Name | Address | Business | Years Acquainted | Phone Number |
|------|---------|----------|------------------|--------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |

Do you have any relatives working for Incobrasa Industries, Ltd. ? ____ Yes ____ No

If yes, please provide their names and relationship: _____

APPLICANT'S CERTIFICATION AGREEMENT

1. I authorize the investigation of all statements contained in this application, resume and any attachments. I release from all liability any persons or employers supplying such information. I also release the company from all liability that might result from making the investigation.

2. I certify that the facts and information set forth in this application are true and complete to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of facts on the application, resume and any attachments (or on any required document) will be cause for denial of employment or immediate termination of employment, regardless of when or how it was discovered.

3. I agree, if I am offered and accept a position, to conform to all existing and future company rules and regulations, and I understand that the company reserves the right to change wages, hours and working conditions as deemed necessary. **I ALSO UNDERSTAND THAT, IF HIRED, MY EMPLOYMENT WILL BE AT-WILL, WHICH MEANS THAT EITHER PARTY CAN END THE EMPLOYMENT RELATIONSHIP AT ANY TIME AND FOR ANY OR NO REASON.**

4. I understand that any employment offer is contingent upon my providing, within three working days of employment, valid proof of identity and eligibility to work in order to comply with the Immigration Reform and Control Act of 1986.

5. I have read and reviewed the information provided in this application and the above statements. By signing this application for employment, I certify that all the information provided by me, including any resumes, test answers or attachments, is truthful and accurate.

Signature

Date

*****THE COMPANY IS AN AT-WILL, EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER*****



INCOBRASA INDUSTRIES, LTD.

Equal Employment Opportunity Commission Information Form

Incobrasa Industries, Ltd. is an Equal Opportunity employer and considers job applicants for all positions without regard to ethnicity, gender, veteran status, and disability in accordance with appropriate federal guidelines. SUBMITTAL OF THIS INFORMATION IS COMPLETELY VOLUNTARY AND WILL BE HELD STRICTLY CONFIDENTIAL. THE DATA PROVIDED HERE IS NOT A PART OF THE OFFICIAL APPLICATION FOR YOUR APPLICATION FOR EMPLOYMENT AND WILL BE PERMANENTLY SEPARATED FROM THE REST OF YOUR APPLICATION MATERIALS. In an effort to comply with the requirements regarding government record keeping, reporting, and other legal obligations, we ask that you complete the information below and return it directly to Human Resources. We appreciate your cooperation.

Position Applying For: _____

Check One: Male Female

Check one of the following Race/Ethnic Groups:

Hispanic or Latino: a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I choose not to self-identify.

Check if any of the following are applicable. See reverse side for more information.

Disabled Individual

Protected Veteran

Signature

Date

PRE- AND POST-OFFER SELF-IDENTIFICATION FORM FOR PROTECTED VETERANS

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. §4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box on page one. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are consistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.