



Airlite Nonwovens – Employment Application

In compliance with federal and state equal opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, non-job related disability or any other protected group status.

PERSONAL INFORMATION			
Name (Last)	(First)	(Middle)	Application Date / /
Home Address		City	State ZIP
Telephone (home)		(mobile)	Email Address
Desired Shift (you can select more than one shift): <input type="checkbox"/> 1 st shift <input type="checkbox"/> 2 nd shift <input type="checkbox"/> 3 rd shift			Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/>

GENERAL INFORMATION	
Are you 18 years of age, or older?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to perform the essential job functions of the position for which you are applying for, with or without reasonable accommodation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you previously been employed by Airlite Nonwovens? If yes, please specify your prior dates of employment: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of any felonies or misdemeanors, other than minor traffic violations, over the past seven years? <i>A criminal record or a conviction will not automatically bar employment.</i> If yes, please explain in the space below:	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION & TRAINING			
School Name	Location of School (City / State)	Degree or Course of Study	Graduated or GED Completed
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

WORK EXPERIENCE

Starting with your PRESENT or most recent employer, please list your work history in chronological order.
Attach additional pages if needed.

Full Company Name	Telephone Number	Dates Employed _____ to _____
Street Address	City	State ZIP
		Starting Salary:
		Ending Salary:
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Full Company Name	Telephone Number	Dates Employed _____ to _____
Street Address	City	State ZIP
		Starting Salary:
		Ending Salary:
Job Title	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION AND ACKNOWLEDGEMENT

My signature below confirms the information I have provided on this Employment Application is complete and true. I understand that if I am hired and anything in this application is found to be intentionally misrepresented or falsified, I may be subject to discharge.

I hereby authorize my former employers to give any and all information to Airlite about my prior employment and release each from any liability or damage whatsoever for providing same. If hired, I agree to complete and sign any work-related forms including, but not limited to, policies, authorization forms, and confidentiality agreements.

I understand all employees of Airlite Nonwovens are required to participate in the company's Direct Payroll Deposit program. I will sign authorization forms so Airlite can deposit my pay into my personal bank account while employed with the company.

If offered employment with Airlite Nonwovens:

- (1) I consent to drug screen, and background check if requested; and
- (2) I agree to present original documents to Airlite, within 24 hours of request or employment by Airlite, to verify my (A) identity and (B) authorization to work in the United States.

If I am employed by Airlite, I understand clearly that my employment is at will and is not contractual and may be terminated by myself or Airlite at any time, for any reason.

Applicant Signature

Date