



HEATH[™]
OUTDOOR PRODUCTS

Employment Application

The information requested on this form and its supplement is needed to evaluate your application for employment with Heath Outdoor Products. All questions on the form must be answered. Incomplete applications will not be processed.

Personal Information

| | |
|--|------------------------|
| Name (First, Middle Initial, Last) | Social Security Number |
| Mailing Address | |
| City, State, and Zip Code | |
| Telephone | Alternate Phone |
| Employees must be 18 years of age or older, are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No | Email |

Job Type

| | |
|--|---|
| Which position are you applying for? <i>Please check one.</i> | |
| <input type="checkbox"/> Production <input type="checkbox"/> Quality Control <input type="checkbox"/> Material Handling <input type="checkbox"/> Other | |
| Employees must be 18 years of age or older to work, are you 18 or over? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| How soon can you begin working? | |
| Heath Outdoor Products promotes from within and the possibilities are endless. | Does being promoted from within interest you? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Additional Information

| | | |
|--|------------------------------|-----------------------------|
| Have you ever been employed by this organization in the past? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I certify that I am a U.S. citizen, permanent resident, or a foreign national with authorization to work in the United States. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever been convicted of, or entered a plea of guilty, no contest, or had a withheld judgment to a felony? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If Yes, please explain below.

Do you have a driver's license?

Yes No

Driver's license number

Issued in what state?

Education

School

Location (mailing address)

Years
Completed

Major

Degree or
Diploma

High School

College or Business/Trade School

Military

Have you even been in the Armed Forces?

Yes

No

Date entered

Are you now a member of the National Guard or
Armed Forces Reserves?

Yes

No

Discharge date

Please list what you specialized in below.

Work Experience

Please list ALL work experience beginning with your most recent job held. Attach additional sheets if necessary.

| | | |
|---------------------------|-------------------------|-----------------|
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title | |
| Company | Name of last supervisor | Hrs/week |
| Address | Start Date | Starting Salary |
| City, State, and Zip Code | End Date | Final Salary |
| Phone number | Your last job title | |

References & Authorization

Please include name, phone number, and circumstances of your acquaintance. Exclude relatives and former employers.

1.

2.

Applicant authorization & consent for release of information

“I understand and agree that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that my employment may be terminated for any reason, with or without cause by me or by the Company, with or without notice, or as established within the scope of the Collective Bargaining Agreement, if applicable. No one other than the President of the Company has the authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

This release and authorization acknowledges that the Company may now, or at any time while I am employed, conduct a verification of my education, previous employment/work history, credit history for certain positions,

or motor vehicle records. The Company may also contact personal references, require that I be tested for the presence of drugs or alcohol, and receive any criminal history record information and/or other information as deemed necessary to fulfill the job requirements.

Medical and workers' compensation information will only be requested in compliance with the Federal Americans with Disabilities Act and/or other applicable laws. The results of this verification process will be used to determine employment eligibility under this Company's employment policies. I authorize the Company and any of its agents/designated Company personnel, to disclose orally and in writing the results of the verification process. The information obtained will not be provided to any other parties other than to the designated authorized representatives of this Company. All results will be kept CONFIDENTIAL.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as cause for possible dismissal.

I have read and understand this consent for release of information, and authorize the background verification, and I do hereby authorize the Company to contact orally or in writing, any third parties to obtain information which the Company deems necessary and appropriate in conjunction with my application and qualifications for employment, and I hereby release all of the persons and agencies providing such information from any and all claims and damages connected with their release of information.

I hereby authorize the Company to receive the results of any and all drug tests I have taken in any previous employment. This release specifically authorized the release of any confirmed, positive test results and a full and complete description of any disciplinary action, which followed.

I so hereby agree to forever release and discharge the Company, and its affiliates and employees to the full extent permitted by law from any claims, complaint filed with any agency arising from the retrieving and reporting of information."

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

R.05/2019