

EMPLOYMENT APPLICATION

PERSONAL

| | | | | | | | |
|---|--|------------|--|--|--|-----------|--|
| Last Name | | First Name | | Middle Initial | | Nick Name | |
| Street Address | | | | | | | |
| City | | County | | State | | ZIP | |
| Day Phone (with Area Code) | | | | Eve Phone (with Area Code) | | | |
| Previous Address, including City, County & State | | | | | | | |
| Personal Email Address: | | | | Are you over 16 years of age? YES NO If NO, then proof of age will be required. | | | |
| Do you have a current drivers' license? (ONLY answer if applying for a position that requires a drivers' license.) | | | | YES | | NO | |
| Are you legally allowed to work in the United States? | | | | YES | | NO | |
| How were you referred to us? D. W. Tower, Inc. Web Site Other Web Site Personal Referral Other (please explain): | | | | | | | |
| Have you ever been convicted of a felony? NO YES If YES, please explain: | | | | | | | |
| A conviction does not automatically mean that you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important. Give us all of the facts so that a fair decision can be made. | | | | | | | |
| Do you have any friends or relatives employed by D. W. Tower, Inc.? NO YES Please identify: | | | | | | | |

POSITION

| | | | | | | | |
|--|--|----------------------|--|--|--|---------------|--|
| Position(s) you are applying for: | | Location Preference: | | Date available for employment: | | Wage Desired: | |
| Applying for: | | Shift Preference: | | Will you work overtime when needed? YES NO If NO, please explain: | | | |
| Full-Time Part-Time PRN | | | | | | | |
| Is there any reason why you would be unable to perform the essential function of this position without special accommodations? (ONLY answer if you have been provided with a copy of the job description and read what the essential functions are.) | | | | | | | |

EDUCATION

| | Name of School, City & State | Years Completed | Diploma or Degree | Major |
|------------------|------------------------------|-----------------|-------------------|-------|
| High School | | | | |
| Trade / Business | | | | |
| Undergraduate | | | | |
| Graduate | | | | |
| Graduate | | | | |

ADDITIONAL SKILLS AND QUALIFICATIONS

List all specialty certifications and licenses that you hold that are applicable to the position(s) you are applying for:

List experience with specialized equipment and systems:

List experience with computers and software:

Is there any other information you feel would be helpful to our decision-making process?

REFERENCES

| Please list three references other than family members or employers: | | | |
|--|--------------|--------------|---------------|
| Name | Relationship | Day Phone No | Email Address |
| | | | |
| | | | |
| | | | |

WHY D. W. Tower, Inc.?

Please explain why you want to work for D. W. Tower, Inc..

WORK HISTORY

Please list your employment history, starting with your most current employer or occupation. Please include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If you do not wish your present employer to be contacted, please indicate by checking here. If you require additional space, please use the back of the form.

Comments: Include explanation of any gaps in employment.

WORK HISTORY (Cont.)

| | | | | |
|---|--|-------------------|---|--|
| Present or Last Employer (Name and Address) | | | | |
| Dates of Employment From To | | Positions(s) Held | Salary Starting \$ Final \$ | Other Compensation (bonus, commission, etc) |
| Immediate Supervisor's Name | | | Phone No | Email |
| Brief Description of Your Job Duties | | | | |
| Reason for Leaving | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Prior Employer (Name and Address) | | | | |
| Dates of Employment From To | | Positions(s) Held | Salary Starting \$ Final \$ | Other Compensation (bonus, commission, etc) |
| Immediate Supervisor's Name | | | Phone No | Email |
| Brief Description of Your Job Duties | | | | |
| Reason for Leaving | | | | |

| | | | | |
|---|--|-------------------|---|--|
| Prior Employer (Name and Address) | | | | |
| Dates of Employment From To | | Positions(s) Held | Salary Starting \$ Final \$ | Other Compensation (bonus, commission, etc) |
| Immediate Supervisor's Name | | | Phone No | Email |
| Brief Description of Your Job Duties | | | | |
| Reason for Leaving | | | | |

| | | | | | |
|---|--|-------------------|-----------------------|----------|--|
| Prior Employer (Name and Address) | | | | | |
| Dates of Employment From To | | Positions(s) Held | Salary Starting \$ | Final \$ | Other Compensation (bonus, commission, etc) |
| Immediate Supervisor's Name | | | Phone No | Email | |
| Brief Description of Your Job Duties | | | | | |
| Reason for Leaving | | | | | |

Information

We sincerely appreciate your interest in D.W. Tower, Inc. and assure you that we are deeply interested in your qualifications and job goals. A clear understanding of your background and work history will aid us in evaluating you for the position that best meets your qualifications and future aspirations.

We are an Equal Opportunity Employer (EOE) and, as such, do not discriminate in hiring or promotion, nor in terms or conditions of employment, due to race, creed, religion, color, sex, age, national origin, ancestry, marital status, eligibility for military service, veteran status, or handicap. Should you at any time (either pre-employment or during employment) have reason to believe that anyone in our organization has acted contrary to our EOE policy, you are requested to report the same directly to our Human Resources Department.

We have a Non Smoking and Drug Free environment.

Agreement and Release

I verify that the statements I have made in this Application are true and complete. I understand that if I am hired, any false or incomplete statements in this Application or other application materials may be grounds for immediate discharge.

Upon making this application for employment, I acknowledge that I have given D. W. Tower, Inc. the right to make a thorough investigation of my past employment, education, and background without liability, and understand that any false answer, statement or implication made by me in my employment application or at any job interview, may be considered grounds for my immediate discharge. I authorize any of the persons or organizations referenced in this Application to give D. W. Tower, Inc. any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this Application and I release all such parties from all liability from any damages which may result for furnishing such information to D. W. Tower, Inc.. I understand that if hired, continued employment is subject to my providing proof of work eligibility, as required by United States law, and my completion, satisfactory to D. W. Tower, Inc., of any and all pre-employment tests and procedures D. W. Tower, Inc. decides to use, including but not limited to drug testing.

I hereby understand and acknowledge that any employment relationship with D. W. Tower, Inc. is of an at will nature, which means that I may resign at any time and D. W. Tower, Inc. may discharge me at any time with or without cause. I further understand that no manager or representative of D. W. Tower, Inc. other than a an officer of the Company, has any authority to enter into any agreement for employment for any specified period

of time or to make any agreement contrary to the foregoing, either prior to commencement of employment or after I have become employed. I acknowledge that no other representations concerning the terms or nature of my employment have been made to, or relied on, by me.

I understand that this Application will be considered active for no more than three months and after that time it may be necessary to reapply in order to be considered for employment.

Date

Applicant's Signature

Background Check Disclosure & Release

Pursuant to the requirements of the Fair Credit Reporting Act, notice is given that a consumer report* request may be made in connection with your application for employment.

If you are denied employment, either wholly or partly, because of information contained in a consumer report, a disclosure will be made to you, in writing, of this decision, as well as the name and address of the consumer reporting agency making such report. You will also receive a copy of the report and a statement of your consumer rights.

By signing below you consent to the procurement of a consumer report in connection with your application for employment.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

| |
|--------------|
| PRINTED NAME |
|--------------|

| |
|------------------|
| OTHER LAST NAMES |
|------------------|

| | |
|------------------------|----------------|
| SOCIAL SECURITY NUMBER | DATE OF BIRTH* |
|------------------------|----------------|

| | |
|---------------------------|--------------|
| DRIVERS' LICENSE NUMBER** | STATE ISSUED |
|---------------------------|--------------|

| |
|---|
| PLEASE CHECK HERE IF YOU WOULD LIKE A COPY OF THE REPORT(S) WE OBTAIN |
|---|

*For consumer report purposes only

**For positions where driving is required for business reasons

* A consumer report may consist of employment records, educational verification, licensure verification, social security number verification, previous addresses, and other public records relative to criminal charges. A credit report or driving history will not be requested unless it is deemed pertinent to the functions of the position for which you are applying. Medical records will not be requested.

**Employment Applicant
Voluntary Self-Identification
Equal Opportunity Employment Data**

It is D. W. Tower, Inc.'s policy to provide equal employment opportunity to all persons regardless of their race, creed, religion, color, sex, age, national origin, ancestry, marital status, eligibility for military service, veteran status, or handicap. Your assistance in voluntarily completing this form will provide the information needed for us to comply with federal record keeping and reporting requirements.

| | |
|----------------------|------|
| POSITION APPLIED FOR | SSN |
| NAME | DATE |

If you choose not to answer any of the following questions, you will not be subject to adverse treatment. However, if you choose not to "Self-Identify," we are required under Federal Regulations to maintain race, sex and disability information on the basis of visual observation or personal knowledge. If you do not wish to furnish this information, please sign at the bottom of the page.

Please check the appropriate box in each of the following sections.

| |
|---|
| SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE |
| RACE <input type="checkbox"/> WHITE (Caucasian) <input type="checkbox"/> HISPANIC / SPANISH SURNAME |
| <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN / ASIAN AMERICAN / PACIFIC ISLANDER |
| <input type="checkbox"/> AMERICAN INDIAN / ALASKAN NATIVE |
| DISABLED NO <input type="checkbox"/> YES <input type="checkbox"/> DISABLED VETERAN NO <input type="checkbox"/> YES <input type="checkbox"/> |

Disabled Applicants

If your disability might affect your ability to perform the duties of this position, please explain these limitations on the back and suggest special equipment or physical environment accommodations which may be needed for you to perform the job properly and safely.

Vietnam Era Veteran

- YES, I served honorably on active duty for more than 180 days, continuously, between August 5, 1964, and May 7, 1975.
- NO

I do not wish to furnish the above information:

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|