

**GOODRIDGE USA, INC.
APPLICATION FOR EMPLOYMENT**

Position Applied For: _____ Date of Application: _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Present Residence Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Have you ever applied or worked for Goodridge USA before? Yes No

Please list the names of all family members/ friends who currently work or who have worked for Goodridge USA.

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes No

If necessary, please describe what types of accommodations are needed: _____

Are you legally authorized to work in the United States? Yes No

Will you now or in the future require sponsorship for employment visa status (e.g., H-1B status)? Yes No

Do you have a reliable means of transportation to and from work? Yes No

EDUCATION

Please list school names and locations.

Junior High School: _____

High School: _____

College: _____ Major: _____

Degree: _____

Trade, Business or other Correspondence School: _____

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GENERAL INFORMATION

Date you are available to start working: _____

Full-Time? Part-Time?

**Days and
Hours
Available to
Work**

DAY Sunday Monday Tuesday Wednesday Thursday Friday Saturday

From _____

To _____

EMPLOYMENT / WORK EXPERIENCE

Please list all of your jobs in the past five years. (If additional pages are needed, please attach.)

Company No. 1 (present or most recent employer): _____

Address: _____ Telephone number: _____

Employed from (Month & Year): _____ to _____

Position(s) Held: _____ Supervisor's Name: _____

Describe all of your significant duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Company No. 2: _____

Address: _____ Telephone number: _____

Employed from (Month & Year): _____ to _____

Position(s) Held: _____ Supervisor's Name: _____

Describe all of your significant duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

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Company No. 3: _____

Address: _____ Telephone number: _____

Employed from (Month & Year): _____ to _____

Position(s) Held: _____ Supervisor's Name: _____

Describe all of your significant duties: _____

Reason for leaving: _____

May we contact this employer? Yes No

Please list and explain all periods of unemployment in excess of 1 month during the last 5 years

From _____ To _____ Reason for Unemployment _____

Please summarize your training and/or education that may qualify you as being able to perform job-related functions in the position for which you are applying.

REFERENCES

Please list the names of 3 professional references you have known for at least 1 year.

Name: _____ Title: _____ Phone: _____ Years Known: _____

Name: _____ Title: _____ Phone: _____ Years Known: _____

Name: _____ Title: _____ Phone: _____ Years Known: _____

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I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Goodridge USA, Inc. ("Company") unless I have indicated to the contrary. I authorize the references listed above, as well as all other individuals whom the Company contacts, to provide the Company any and all information concerning my previous employment and any other pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to the Company as well as from any use or disclosure of such information by the Company or any of its agents, employees, or representatives. **I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to receive an offer or, if I am hired, my immediate dismissal from employment. I understand that no employment relationship is created by my completion of this application.**

In the event I am hired and in consideration of my employment, I agree to conform to the rules and standards of the Company. *I further agree that my employment and compensation can be terminated at will, with or without cause, and with or without notice, at any time, either at my option or at the option of the Company. I understand that no employee or representative of the Company, other than the CEO, has the authority to enter into any agreement for employment for any specified period of time, or to make any express or implied agreement contrary to the foregoing. Further, the Company may not alter the at-will nature of the employment relationship or enter into any employment agreement for a specified time unless the CEO and I both sign a written agreement that clearly and expressly specifies the intent to do so. If hired, I agree that this shall constitute a final and fully binding integrated agreement with respect to the at-will nature of my employment relationship and that there are no oral or collateral agreements regarding this issue.*

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States. I also authorize any person or entity to give Company any information that it requests about me. Offers of employment may also be conditioned on the satisfactory completion of a post-offer medical examination, which may include a drug test. I waive and release all persons and companies from any liability or damages that may result from the use, disclosure, or release of this information, whether it's favorable or unfavorable to me.

Signature of Applicant

Date

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