

Requirements for employment may include but are not limited to drug screen & driver's license check. Prospective employee will be asked to sign a labor dispute arbitration agreement, a substance abuse policy and an authorization to investigate the insurability (non-medical) of applicant.

APPLICATION FOR EMPLOYMENT

Inferno Manufacturing Corp. is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, or national origin. In addition, Inferno has a Substance Abuse Policy in place and is a non-smoking establishment, which means that smoking, chewing, or dipping are prohibited on premises at all times.

PERSONAL INFORMATION

Date: _____

Name

Last

First

Middle

Address

Street

City

State

Zip

Phone No.

Driver's License No.

State of

Social Security No.

Referred By Newspaper Ad, Employment Service, Individual (name)

circle one

EMPLOYMENT DESIRED

Position _____ Date You _____ Salary _____
Can Start _____ Desired _____

Are You _____ May We Inquire _____
Employed Now? _____ of Your Present Employer? yes / no circle one

Ever Applied to this Company before? _____ When _____

EDUCATION

School Name/City & State (if not local)

Circle Last Year

Completed

Did You

Graduate?

Subjects Studied &

Degree(s) Received

High School

1 2 3 4

☐ Yes

☐ No

Trade School

1 2 3 4

☐ Yes

☐ No

College

1 2 3 4

☐ Yes

☐ No

RELEASE

I, _____ give permission to _____
PRINT Your Name PRINT name of High School

and to _____ to release my school transcript to Inferno Mfg. Corp.
Name of College (if applicable)

115 Ricou St., Shreveport, LA 71107 (Fax 318-222-4106)

High School Class of _____ College: Dates Attended _____

Signature _____ Today's Date _____

Optional: Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, activities, accomplishments, etc.

EMPLOYMENT HISTORY

List present employer or most recent employer first (use other side of this application, if necessary).
May we contact these employers? ☐ yes ☐ no

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name
Address			Your Job Title
Telephone			
Your Salary		Duties:	
Start	End		

Reason for Leaving

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name
Address			Your Job Title
Telephone			
Your Salary		Duties:	
Start	End		

Reason for Leaving

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name
Address			Your Job Title
Telephone			
Your Salary		Duties:	
Start	End		

Reason for Leaving

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name
Address			Your Job Title
Telephone			
Your Salary		Duties:	
Start	End		

Reason for Leaving

MILITARY EXPERIENCE

Were you in U.S. Armed Forces? ☐ Yes ☐ No If yes, what branch? _____

Dates of duty: From: _____ To: _____ Rank at Separation _____

Briefly describe your duties _____

SKILLS

Typing speed _____ words per minute

GENERAL INFORMATION

Are you legally authorized to work in the United States? ☐ yes ☐ no

Are you below the age of 18? ☐ yes ☐ no

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation? ☐ yes ☐ no If yes, explain _____

Have you ever been convicted of a criminal offense? _____ Date _____ Place _____

Nature: _____ (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

Have you previously applied for employment here? ☐ yes ☐ no If yes, when? _____

References (NOT EMPLOYERS OR RELATIVES — AT LEAST THREE)

Name and Address	Occupation	Phone

Person to be notified in case of emergency:

Name _____ Telephone _____

Address _____

ACKNOWLEDGMENT

I authorize investigation of all statements contained in this application for employment. I understand that any misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without previous notice.

I agree to undergo a skills' test at Inferno's discretion.

Signature _____ Date _____

Inferno Mfg Corp Substance Abuse Policy

Purpose of Policy

Inferno Mfg Corp has established this substance abuse policy to assist us in providing a safe and healthy working environment for our employees and to reduce the incidence of injury to person or property.

Statement of the Policy

The use, possession, manufacture, distribution, concealment, transportation, promotion or sale of illegal drugs, drug paraphernalia, controlled substances and / or alcohol during work hours, on all company premises and / or in company vehicles is strictly prohibited. The term "drug" includes but is not limited to prescribed drugs not legally obtained, as well as prescribed drugs not used for the prescribed purpose or in excessive dosage. Additional prohibitions include:

- a. Use of illegal drugs, controlled substances or alcohol off company premises that adversely affects the employee's work performance or his/her own safety or the safety of others at work;
- b. Switching or adulterating any urine sample submitted for testing;
- c. Refusing to test or to submit a breath, saliva, urine or blood sample for testing when requested by management;
- d. Refusing to submit to an inspection or unannounced search when requested by management;
- e. Conviction under any criminal drug statute.
- f. Refusing to sign a statement agreeing to abide by the Substance Abuse Policy.

Drug Screening

Inferno Mfg Corp uses a urine drug screen test or other approved medical testing procedures in detecting drug or alcohol use. Tests may be used in, but are not limited to, the following circumstances:

- a. Pre-employment examinations.
- b. "Reasonable suspicion" of violation of Substance Abuse Policy.
- c. Post Accident. Any employee who is involved in an accident or a significant "near miss" will be required to submit to drug testing within 24 hours of the incident unless waived by management.
- d. Routine "Fitness for Duty" medical examination.
- e. Random sampling.

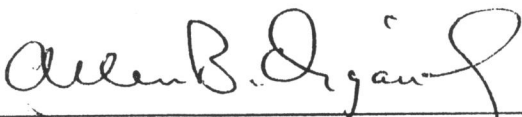
The results of these tests will be kept confidential and will normally be known only to management personnel in the particular decision-making chain and to the employee(s) tested.

Disciplinary Action for Policy Violations

An employee who refuses to submit to a drug screen test, or is found as a result of the test to be under the influence, or who otherwise violates this policy will be subject to disciplinary action up to and including discharge. Compliance with this policy is a condition of employment. The proper law enforcement authorities may be notified in appropriate cases.

This policy is effective immediately upon notice to employees. Inferno Mfg Corp reserves the right to interpret, change or discontinue this policy as necessary.

This policy has been adopted for the maximum safety and well-being of all employees and other personnel. Your assistance and cooperation for the achievement of this goal is vitally important.



Inferno Mfg Corp



date

ACKNOWLEDGMENT

I have read and understand Inferno Manufacturing Corp.'s SUBSTANCE ABUSE POLICY and agree to submit to all of its requirements (including Urine Drug Screening). I understand that compliance with the SUBSTANCE ABUSE POLICY is a condition of my employment with Inferno. I understand the disciplinary action that may be taken if I am found in violation of this policy.

Employee signature

Date

Inferno representative signature

Date

ARBITRATION AGREEMENT

In consideration and as a condition of my employment with Inferno Mfg. Corp., I agree that any disputes relating to either my employment or the termination of my employment (with the exception of matters arising under Louisiana Workers' Compensation laws) shall be submitted to arbitration pursuant to the Federal Arbitration Act and the rules of the American Arbitration Association. Any action contesting the validity of this paragraph shall also be submitted to arbitration, as set forth above.

Signature

Date

Witness