

CHRISTOPHER TOOL & MFG. CO. – EMPLOYMENT APPLICATION

We consider all applicants without regard to their color, race, religion, gender, sexual orientation, pregnancy, age, national origin, ancestry, marital status, veteran status, military status, disability, family medical history, genetic status, or any other classification protected by law.

Disabilities and religious practices will also be reasonably accommodated unless doing so would cause Christopher Tool to experience an undue hardship.

Please print clearly or type

GENERAL INFORMATION

First Name Middle Name Last Name

Street Address City State ZIP

Home Phone Number Mobile Phone Number Email Address

Other names by which you are known, or have been known: _____

Were you previously employed by Christopher Tool (if yes, give dates and location)? _____

What position(s) are you applying for: _____

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

Are you 18 years of age or older? _____ Yes _____ No

Do you have reliable transportation to work? _____ Yes _____ No

Can you work on evenings and on weekends? _____ Yes _____ No

Can you work overtime? _____ Yes _____ No

What is your availability? _____ Full-time _____ Part-time

How were you referred to Christopher Tool? _____ Agency _____ Internet _____ Employee
_____ Other

If a particular person referred you to Christopher Tool, who was it? _____

Do you have any relatives employed at Christopher Tool? _____ Yes _____ No

Who? _____

Can you perform all of the essential functions of the job(s) for which you are applying, with or without a reasonable accommodation? _____ Yes _____ No

Are you currently using illegal drugs? _____ Yes _____ No

Have you served in the U.S. military? _____ Yes _____ No

If your answer to the last question was "yes," list branches of military service: _____

EDUCATION

High School: _____ Years Completed: ____ 1 ____ 2 ____ 3 ____

4

College/University: _____ Years Completed: ____ 1 ____ 2 ____ 3 ____

4

Major: _____ Degree Obtained: _____

Graduate School: _____ Years Completed: ____ 1 ____ 2 ____ 3 ____

4

Course of Study: _____ Degree Obtained: _____

Other School: _____ Years Completed: ____ 1 ____ 2 ____ 3 ____

4

Course of Study: _____ Degree Obtained: _____

Are you currently attending school? _____ Yes _____ No

If your answer to the last question was "yes," what courses are you currently taking? _____

SKILLS AND EXPERIENCE

Do you have any special experience, interest, or skills which qualify you for the job(s) you are applying for? _____

EMPLOYMENT HISTORY

Please list all of your prior employers, starting with the most recent. Use the reverse side of this application, or an additional sheet of paper, if you need more space. Providing a resume' will not be sufficient and you must provide a complete response to all of the questions.

Are you currently employed? _____ Yes _____ No

Employer Name: _____ Address: _____

Telephone Number: _____ Type of Business: _____

Supervisor: _____ Start date: _____ End date: _____ Salary/Wage: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

If "no," why not? _____

Employer Name: _____ Address: _____

Telephone Number: _____ Type of Business: _____

Supervisor: _____ Start date: _____ End date: _____ Salary/Wage: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

If "no," why not? _____

Employer Name: _____ Address: _____

Telephone Number: _____ Type of Business: _____

Supervisor: _____ Start date: _____ End date: _____ Salary/Wage: _____

Reason for Leaving: _____

May we contact this employer? _____ Yes _____ No

If "no," why not? _____

Please explain any periods of unemployment not accounted for: _____

REFERENCES

Please list three 3 professional references (not including relatives) who have known you for at least five years:

Name	Telephone Number	How do they know you?
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Name	Telephone Number	How do they know you?
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Name	Telephone Number	How do they know you?
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APPLICANT'S STATEMENT

By signing below, I agree that all of the following is true:

- All of the information I have provided on this application is both accurate and complete.
- I understand that if Christopher Tool learns that I have misrepresented or omitted anything on this or any other form, or during an interview, or at any other time, Christopher Tool may refuse to hire me, and may terminate my employment if it has already begun.
- Christopher Tool may investigate my background, and its investigation might include (among other things) contacting the references I have listed on this application and attempting to verify the information that I have included in this application. I give my permission to do these things, and release Christopher Tool from any liability for having done so. I also agree to release from liability all persons and companies who, for any reason, provide, or refuse to provide, information to Christopher Tool as part of its investigation.
- I understand that if I am hired, my employment with Christopher Tool will be on an at-will basis, which means that both Christopher Tool and I will be free to end our employment relationship at any time, for any reason, and without providing any advance notice.
- I understand that if I am extended a preliminary offer of employment, Christopher Tool may insist that I submit to a drug and alcohol test and a post offer medical examination. I agree to do these things if Christopher Tool requests them. In addition, if I become employed by Christopher Tool, I agree to undergo any job-related medical examinations (including drug and alcohol testing) that Christopher Tool might request.
- I understand that if I become employed by Christopher Tool, and my employment ends, Christopher Tool may furnish information about my former employment to persons seeking employment references about me. I give my permission for Christopher Tool to do this, and release from liability Christopher Tool and all persons and companies who receive such information.
- I understand that, if I am hired, I will be required to provide proof of my identity and of my legal ability to work in the United States, and that federal immigration laws require me to complete an I-9 form.

I have read, understand and agree to the above.

Signature

Date Signed

ACKNOWLEDGMENT REGARDING DRUG AND ALCOHOL TESTING

I understand that screening tests for alcohol and illegal drug use may be required if Christopher Tool makes me preliminary offer of employment, and may also be required again during my employment if I am hired. I agree to submit to those tests. I also understand and agree that any offer of employment will be withdrawn if I change my mind and refuse to submit to a screening test for alcohol and illegal drug use.

Signature

Date Signed

AUTHORIZATION TO RELEASE INFORMATION

I, _____, having applied for employment with Christopher Tool & Mfg. Co., and desiring that Christopher Tool be informed fully of my background, authorize Christopher Tool and its authorized agents to investigate all records which may be of interest to them. This authorization includes, but is not limited to, references I have provided, my educational background, my employment history, my motor vehicle records, and my criminal and other court records (whether privileged or not). This authorization is signed in consideration of my possible employment with Christopher Tool.

By signing below, I release from liability anyone who furnishes information about me to Christopher Tool or its authorized agents. I understand that no information that is furnished to Christopher Tool pursuant to this authorization will be used in violation of any federal or state equal opportunity law or other law or regulation.

A photocopy of this release shall be considered as effective and binding as the original hand-executed copy.

Signature

Print Full Name

List all of your addresses for the past 10 years (including county): _____

Social Security Number: _____

Driver's License number: _____

Driver's License State of Issuance: _____

Driver's License County of Issuance: _____

Today's date: _____

AUTHORIZATION TO OBTAIN CONSUMER REPORT

In making this application for employment with Christopher Tool & Mfg. Co., Christopher Tool may obtain a copy of a consumer report by a credit reporting agency. Christopher Tool will not use any information from the report in violation of any federal or state equal opportunity law or regulation.

I, _____ acknowledge receipt of a separate disclosure that a credit report may be obtained, and I hereby authorize a copy of my credit report from a consumer reporting agency to be released to Christopher Tool & Mfg. Co.

Signature

Print Full Name

Date Signed

FAIR CREDIT ACT DISCLOSURE FORM
(IMPORTANT NOTICE: CREDIT CHECK REQUIRED)

Pursuant to the Fair Credit Reporting Act (15 U.S.C. § 1681 et seq.), in making this application for employment, it is understood that Christopher Tool may obtain a copy of a consumer report about you, also known as a "credit report" or a "credit bureau report," prepared by a consumer reporting agency.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation.

Before taking any adverse employment action based on the credit report, including denying employment, Christopher Tool will provide to you, without a charge, a copy of the report and a written summary of consumer rights under the Fair Credit Reporting Act.

Para información en español, visite www.consumerfinance.gov/learnmore o escribe al Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For **more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protective Bureau, 1700 G. Street N.W., Washington, D.C. 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - a person has taken adverse action against you because of information in your credit report;
 - you are the victim of identity theft and place a fraud alert in your file;
 - your file contains inaccurate information as a result of fraud;
 - you are on public assistance;
 - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.consumerfinance.gov/learnmore for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need—usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.consumerfinance.gov/learnmore.
- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.consumerfinance.gov/learnmore.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For more information about your federal rights, contact:

<u>Type of Business:</u>	<u>Contact:</u>
1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates	a. Consumer Financial Protection Bureau 1700 G. Street N.W. Washington, DC 20552
b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:	b. Federal Trade Commission: Consumer Response Center-FCRA Washington, DC 20580 (877) 382-4357

2. To the extent not included in item 1 above: a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under sections 25 or 25A of the Federal Reserve Act c. Nonmember Insured Banks, Insured State Branches or Foreign Banks, and insured state savings associations d. Federal Credit Unions	a. Office of the Comptroller of the Currency Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050 b. Federal Reserve Consumer Help Center P O Box 1200 Minneapolis, MN 55480 c. FDIC Consumer Response Center 1100 Walnut Street, Box #11 Kansas City, MO 64106 d. National Credit Union Administration Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314
3. Air carriers	Asst. General Counsel for Aviation Enforcement & Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20423
4. Creditors Subject to the Surface Transportation Board	Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423
5. Creditors Subject to the Packers and Stockyards Act, 1921	Nearest Packers and Stockyards Administration area supervisor
6. Small Business Investment Companies	Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, S.W., 8th Floor Washington, DC 20549
7. Brokers and Dealers	Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549
8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations	Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090

9. Retailers, Finance Companies, and All Other Creditors Not Listed Above	FTC Regional Office for region in which the creditor operates <u>or</u> Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357
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