

Employment Application

| Date: First Name: | | Last Name: | | |
|---|---|------------------------|-----------------------------|--|
| Address: | City: | State: | Zip Code: | |
| Telephone: | Email Address: | | | |
| Position(s) you are seeking: | A | re you at least 18 yea | ars of age? Yes 🛛 or No 🗆 | |
| Shift: (check all that apply) 1^{st} D 2^{nd} | □ 3 rd □ Status: (check all that a | apply) Full-Time 🗖 | Part-Time 🛛 Casual 🗖 | |
| Are you with or without accommodatic applying? Yes □ or No □ | on, able to perform the essential func | tions of the position(| s) for which you are | |
| If employed, do you have the legal righ (Proof of citizenship or resident alien st | | | | |
| To be employed by Ashford Martin Cor aware of any past offenses, which may | | | heck. At this time, are you | |
| If yes, please indicate: | | | | |
| Do you know of or are you related to a | ny other persons employed by Ashfor | rd Martin Corporatio | n? Yes 🗆 or No 🗖 | |

EDUCATIONAL BACKGROUND

| High School: _ | Name/Address | Diploma/Degree | Major | |
|---|--------------------|----------------|-------|--|
| College: _ | Name/Address | Diploma/Degree | Major | |
| Post Graduate | 2: Name/Address | Diploma/Degree | Major | |
| Other specialized training/education experience relevant to position(s) applying for: | | | | |

EMPLOYMENT HISTORY

List employment history, beginning with your present or most recent employer. Please include any work performed on a volunteer basis, time spent in military service or education. You may submit a resume or use additional sheets to complete your work history.

| 1. Employer's Name and Addre | ss: | Telephone: | |
|--|-------|-------------|--|
| Employed From: | То: | Job Title: | |
| Base Salary: \$ | _ per | Supervisor: | |
| Briefly describe your duties and responsibilities: | | | |
| Reason(s) for leaving: | | | |

| 2. Employer's Name and Address: | Telephone: | | |
|--|-------------|--|--|
| Employed From: To: | Job Title: | | |
| Base Salary: \$ per | Supervisor: | | |
| Briefly describe your duties and responsibilities: | | | |
| | | | |
| Reason(s) for leaving: | | | |
| 3. Employer's Name and Address: | Telephone: | | |
| Employed From: To: | Job Title: | | |
| Base Salary: \$ per | Supervisor: | | |
| Briefly describe your duties and responsibilities: | | | |
| | | | |
| Reason(s) for leaving: | | | |
| 4. Employer's Name and Address: | Telephone: | | |
| Employed From: To: | Job Title: | | |
| Base Salary: \$ per | Supervisor: | | |
| Briefly describe your duties and responsibilities: | | | |
| | | | |
| Reason(s) for leaving: | | | |

ADDITIONAL TRAINING AND CERTIFICATIONS

APPLICANT AGREEMENT

I acknowledge the information I have supplied is correct to the best of my knowledge. I understand that any falsification, misrepresentation, or omissions of fact may be grounds for rejection of my application or for dismissal from subsequent employment.

I understand that consideration for employment is contingent upon the results of a reference and background check. I authorize Ashford Martin Corporation to investigate all statements made on my application and to discuss the results of this information with those responsible for hiring. I further authorize Ashford Martin Corporation to contact my former employer(s) and any listed references or other persons who can verify information, and I give my consent for former employer(s) and the contacted persons to respond to questions pertaining to me. Further, I release from liability such former employer(s) or other persons providing information to Ashford Martin Corporation, or its affiliates, in accordance with the Fair Credit and Reporting Act, I will be provided with a complete disclosure of any additional information obtained through the investigation. I understand that if hired my employment is at-will and may be terminated with or without cause, with or without notice, at any time by Ashford Martin Corporation, or me. I also understand that wile personnel policies, programs, procedures, and benefits may change from time to time, such at-will status is not subject to change absent a written agreement signed by the president of Ashford Martin Corporation.

I agree that photocopies of this release, as signed by the undersigned, may be used as authorization for release of employment and/or medical records to the Ashford Martin Corporation or its agents or representatives.

Applicant Signature: ____

Date: _____



or its affiliates.

CRIMINAL HISTORY CHECK AUTHORIZATION FORM

A copy of these reports will be placed in your personnel file. You have the right to request a copy of these reports to challenge the accuracy and completeness of the reports, as well as request a waiver under Section 295.3040.

| First, Middle Name | Last | Name | Position |
|---|--|--|--|
| Maiden Name or Other | r Names Used | Gender | Race |
| Present Street Address | , City, State, Zip | | |
| What other states have | e you resided in the past three | e (3) years? | |
| /// Date of Birth | | Social Security N | umber |
| Have you ever been co If yes, what was the na | nvicted of a crime (check one) ture of the offense? |)? Yes□ or No□ | |
| | | | |
| Are there any felony ch | narges pending against you? | Yes 🗆 or No 🗖 | |
| Employer Address: | Ashford Martin Corporatio 1500 N. Casaloma Drive, S Appleton, WI 54913 | | |
| and that knowledge prov with Ashford Martin Corp the criminal history repor | iding false information or omittin poration. I further understand the | g information may result in de at I may be denied employmer n of any of the criminal offense | ccurate to the best of my knowledge enial or termination of my employment at or termination from employment if es enumerated in Section 295.3040 of formation received will remain |

Applicant Signature: _____ Date: _____ Date: _____

information. This information is for internal use only and will not be released to anyone outside of Ashford Martin Corporation

confidential in that only Human Resources, or any potential supervisor, appropriate or applicable, will be party to this