



*The first name in dependability*

8949 COLUSA HWY. • P.O. BOX 259 • SUTTER, CA 95982 • (530) 673-8949 • FAX (530) 671-0110  
www.swecoproducts.com

## CERTIFICATION

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize Sweco Products, Inc. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of Sweco Products, Inc. by its current executive officer of its current governing board, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employers would have the same right. Moreover, no agent, representative, or employee of Sweco Products, Inc., except in a specific written contract of employment signed on behalf of the corporation by its executive officer of its current board, has the power to alter or vary the voluntary nature of the employment relationship. It is the policy of Sweco Products, Inc. to have a zero tolerance for drug and alcohol abuse. Sweco Products, Inc. reserves the right to drug test applicants/employees at any time before and/or during employment.\*

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

\*Failure to agree to the above terms will nullify any job offers or employment.

EMPLOYMENT APPLICATION

1.

Employer: Sweco Products, Inc.  
Address: P.O. Box 259  
City/Zip/State: Sutter, California 95982  
Telephone: 530-673-8949

It is the policy of Sweco Products, Inc., a California corporation, to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, color, religion, gender, national origin, age, disability or veteran status.

2. Applicant Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Number of years at this address: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

3. Who should be contacted if you are involved in an emergency?

Contact Name: \_\_\_\_\_  
Relationship to you: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

4. Job Position Applied For: \_\_\_\_\_

5. Salary Desired: \$ \_\_\_\_\_ per \_\_\_\_\_

6. Referral Source: \_\_\_\_\_ Who referred you to our company?  
\_\_\_\_\_

7. Have you applied to our company previously? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, when? \_\_\_\_\_

8. Are you at least 18 years old? \_\_\_\_\_ Yes \_\_\_\_\_ No

9. Drivers License Number: \_\_\_\_\_  
What state issued your license? \_\_\_\_\_

10. If you are offered employment, when would you be available to begin work?  
\_\_\_\_\_

11. Are you legally eligible for employment in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Have you ever been convicted of any crime, including traffic violations?  
\_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

THE EXISTENCE OF A CRIMINAL RECORD DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT UNLESS RELEVANT TO THE TYPE OF EMPLOYMENT.

13. Applicant Employment History: List your current or most recent employment first.

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Job Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_  
Dates of Employment (Month/Year): \_\_\_\_\_

14. Applicant's Education and Training: List your education and training.

High School Name and Address:

Last Grade? \_\_\_\_\_ 9 \_\_\_\_\_ 10 \_\_\_\_\_ 11 \_\_\_\_\_ 12 Diploma? \_\_\_\_\_ Yes \_\_\_\_\_ No

College Name and Address

Did you receive a degree? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, degree received: \_\_\_\_\_

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

15. References: List any two people who would be willing to provide a reference for you.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

16. Please provide any other information that you believe should be considered:

\_\_\_\_\_  
\_\_\_\_\_