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 a						
Daytime phone:	aytime phone: Evening phone:					
3. Who should be contact	ted if you are involved in	an emergency?				
Contact Name:	•	,				
Relationship to you:						
Address:						
City/State/Zip:						
	ne: Evening phone:					
4. Job Position Applied F	or:	5. Salary Desired: \$	per			
6. Referral Source:	Who referred you	ı to our company?				
7. Have you applied to o	ur company previously?	YesNo	If yes, when?			
8. Are you at least 18 year	ars old?Yes	No 9. Drivers Licens	se Number:			
		What state	issued your license?			
10. If you are offered em	ployment, when would y	ou be available to begin wo	ork?			
11. Are you legally eligib	e for employment in the	United States?Yes	No			
12. Applicant Employme	nt History: List your o	current or most recent emp	oloyment 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 (Mon	th/Year)·			

13. Applicant's Education and Tra	aining: List your	education and tra	aining.		
High School Name and Address:	High School Name and Address:				
Last Grade? 9	10	11	12 Diploma?YesNo		
College Name and Address					
Did you receive a degree?\	/esNo	o If Yes, degree r	eceived:		
Other Training (graduate, technic	cal, vocational):				
Awards, Honors, Special Achiever	ments:				
14. References: List any two peo	ple who would k	oe willing to provi	ide a reference for you.		
Name:		Name:			
Address:					
City/State/Zip:		·	e/Zip:		
Telephone:			Telephone:		
Relationship:		Relationsi	hip:		
	CERT	IFICATION			
I certify that the information proproviding false or misleading info employment commences, immed	ormation will be	the basis for rejec	ul and accurate. I understand that ction of my Application, or if		
my employment and education.	I authorize my fo	ormer employers	educational organizations regarding and educational organizations to full byment, attendance, and grades. I		
-	ted as references		ly communicate information regarding		
If an employment relationship is	created, I under	stand that unless	I am offered a specific written		
			by its current executive officer of its		
			irely voluntary in nature. In other		
		•	iscretion to end the employment		
•		•	y, my employers would have the same Products, Inc., except in a specific		
-			on by its executive officer of its curre		
	_	-	employment relationship. It is the		
	-	•	d alcohol abuse. Sweco Products, Inc		
		•	efore and/or during employment.*		
I HAVE CAREFULLY READ THE ABO	OVE CERTIFICATI	ION AND I UNDER	RSTAND AND AGREE TO ITS TERMS.		
APPLICANT'S SIGNATURE			DATE		
ALL FICHILL 2 SIGNATURE			DAIL		

^{*}Failure to agree to the above terms will nullify any job offers or employment.