

APPLICANT INFORMATION			
Last Name		First	M.I. Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available		Social Security No.	Desired Salary
Position Applied for			
Are you a citizen of the United States?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a felony?		YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, explain
What type of drivers license do you have? _____ Operator _____ Commercial Operator Class _____ Operator No. _____			

EDUCATION HISTORY			
High School		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT

Name & relation	Number
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UNDERSTANDING

Please read the following carefully and sign below.

I declare that the information provided on this application is correct and that any misstatement of fact or omission will cause for rejection or dismissal is discovered at a later date.

I further understand that my employment is for no fixed time and may be discontinued with or without cause or notice Afton Inc. or myself. I understand that no employee, officer or agent of Afton Inc enter into any binding agreement whether oral or printed statements, including handbooks, benefit books or bulletins, contrary to the above.

I agree that I will submit to a physical, urinalysis and/or blood test or other examinations requested by Afton Inc. at any time prior to or subsequent to my employment. I authorize any medical provider or drug screening company to provide Afton Inc. with such information as reasonably requested, subsequent to an offer of employment.

I authorize Afton Inc. to make a thorough investigation of my previous employment, training, criminal history and MVR connection with its consideration of my application. Through this document, or a copy, I authorize any person, agency, institutions, union, company or other entity to give Afton Inc. any and all information they might have, and I release and indemnify all parties from liability for any damages that may result from furnishing any of this information Afton Inc. I also indemnify Afton Inc., its officers, employees and shareholders against any liability, which might result from the investigation, or, or inquiry they make, or in connection with the information that they receive. I further authorize without reservation, ongoing procurement of all records described above during my employment.

I also understand that no firearms, alcohol or drugs are permitted on Afton Inc. premises and that either being under the influence of illicit drugs or alcohol or having identifiable traces of them in my system during working hours is strictly prohibited.

This Agreement supersedes any and all other agreements, either oral or written regarding employment. All disputes will be governed by the Federal Arbitration Act, the law of the United States and /or the policies of Afton Inc.

I have carefully read the information on this form, and realize that I had the opportunity to ask questions about it prior to signing below. If hired, Federal Law requires that you furnish documentation showing your identity and that you are legally authorized to work in the United States. Afton Incorporated is an equal opportunity employer and does not discriminate on the basis of age, race, sex, color, religion, national origin, physical or mental handicap, veteran status or any other basis that is prohibited by federal state or local law. No question in this application is intended to secure information to be used for such discrimination. This application will be given every consideration, but its receipt does not imply that the applicant will be employed.

Signature

Date