

Uberstar, Inc.
1900 Industrial Parkway
Marquette, MI 49855

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Firm and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications. You may complete this application now or return the completed application at a later time. You may show this application to any person of your choice.

We are an equal opportunity employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, sexual orientation, gender identity, marital or veteran status, the presence of a medical condition or disability, height, weight or any other protected status.

PERSONAL

Name _____ Date of Application _____

(Last) (First) (Middle)

Address _____
(Street) (City) (State) (ZIP)

Telephone Number (with area code) _____ Social Security Number _____

Are you 18 years or older? Yes ☐ No ☐ Are you a U.S. citizen? Yes ☐ No ☐ (not applicable in California)

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

Have you been previously employed here? Yes ☐ No ☐ If yes, date(s) _____

Supervisor Name(s) _____

Have you filed an application before? Yes ☐ No ☐ If yes, date(s) _____

List any friends or relatives working here _____

What method of transportation will you use to come to work? _____

EMPLOYMENT DESIRED:

Position(s) applied _____

Kind of work sought: Full time ☐ Part time ☐ Other ☐

Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for?

Salary desired _____ Date available to work _____

Employers must make accommodations to disabled applicants and employees where the accommodation does not impose an undue hardship on the employer. Under Michigan law only, disabled employees and applicants may request an accommodation of their disability by notifying the firm in writing of the need for accommodation within 182 days of the date the disabled individual knows or should know that an accommodation is needed. This requirement does not apply to an individual's right under the Americans with Disabilities Act. Failure to properly notify the firm may preclude any claim that the employer failed to accommodate the disabled individual.

EMPLOYMENT EXPERIENCE: (List current or most recent job first)

1	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	Date		Work Performed
	Address	From	To	
	City State Zip			
	Phone Number (with area code)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Supervisor			
	Reason for Leaving			

List Any other positions held on a separate sheet

EDUCATION	Name/Location	Years Completed	Diploma/ Degree	Courses of Study
High School				
College				
Graduate				
Apprenticeship & Vocational Training				
Certifications				

REFERENCES (Do not include relatives or former employers)

	Name	Address	Phone Number	Years Acquainted
1				
2				
3				

MILITARY SERVICE RECORD

Have you had any experience in the Armed Forces of the United States or in a State National Guard? Yes ☐ No ☐

If yes, what branch? _____

Are you in the reserves? Yes ☐ No ☐ If yes, date obligation ends _____

Special/technical training _____

ADDITIONAL INFORMATION

Do you have a valid driver's license? Yes ☐ No ☐ License No. _____ State _____

List professional trade, business or civic activities and offices held excluding groups the name or character of which indicate race, color, religion, sex, national origin, disability, sexual orientation, gender identity, marital or veteran status, height, weight or age _____

State any additional information that you feel may be helpful to us in considering your application. _____

Name, address, and telephone number of the person to be notified in the event of accident or emergency _____

AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify any of the information concerning my background, including but not limited to, my employment, driving record, education, criminal history, or medical history (post-offer only), with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information as you require, including my prior disciplinary employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures and this release from liability does not waive or prohibit an individual from filing a charge of discrimination under the laws enforced by the EEOC. I agree that any false information in support of my application may subject me to discharge at any time during the period of my employment.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the president of the firm. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the firm as they are from time to time changed, and no additional obligations can be imposed on the firm except those which have been acknowledged in writing, by the president or his designated representatives.

I agree that any action or suit against the firm, its agents or employees, arising out of my employment or termination of employment, including, but not limited to, claims arising under State and Federal law, but not Federal civil rights statutes containing a separate limitations period, must be brought within 180 days of the event giving rise to the claims or be forever barred unless the applicable statute of limitations period is shorter than 180 days in which case I will continue to be bound by that shorter limitations period. I waive any limitation periods to the contrary. I further agree that if I should bring any non-statutory action or claim arising out of my employment against the firm, in which the firm prevails, I will pay to the firm any and all such costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my post-offer physical (if such physical is required) are known.

Date _____ Signature _____

Equal Employment Opportunity Questionnaire

This Company is in full compliance with federal, state and local laws and with Executive Order 11246, as amended, is committed to the continual evaluation of our Affirmative Action Program (AAP).

Anti-Discrimination Notice

It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise discriminate against an individual with respect to the individual's terms and conditions of employment, because of an individual's race, color, religion, sex, national origin, disability, sexual orientation, gender identity, disability, or veteran status.

In order to evaluate our progress as an Equal Opportunity Employer, we are asking applicants to complete this questionnaire.

INFORMATION PERTAINING TO SEX AND RACE/ETHNIC HERITAGE IS REQUESTED AND VOLUNTARY.
INFORMATION PERTAINING TO VETERAN STATUS IS VOLUNTARY AND WILL NOT SUBJECT YOU TO ANY ADVERSE TREATMENT.

Confidential Applicant Information: Female ☐ Male ☐

Race/Ethnic Heritage (Please check one). If two or more categories apply, choose the one with which you most clearly identify.

- | | |
|---|--|
| <input type="checkbox"/> Hispanic or Latino | -A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| <input type="checkbox"/> White (Not Hispanic or Latino) | -A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| <input type="checkbox"/> Black or African American (Not Hispanic or Latino) | -A person having origins in any of the black racial groups of Africa. |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) | - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| <input type="checkbox"/> Asian (Not Hispanic or Latino) | - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| <input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino) | - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| <input type="checkbox"/> Two or More Races (Not Hispanic or Latino) | - All persons who identify with more than one of the above five races. |
| <input type="checkbox"/> Other | |

*If you choose not to self-identify your race/ethnicity, the federal government requires the employer to determine this information by visual survey and/or other available information.

Are you a Veteran of the United States Military Armed Forces? Yes ☐ No ☐

Applicant Name (Print) _____ Applicant Signature _____

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- ☐ YES, I HAVE A DISABILITY (or previously had a disability)
- ☐ NO, I DON'T HAVE A DISABILITY
- ☐ I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2017
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

¹ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

Oberstar, Inc.
1900 Industrial Parkway
Marquette, MI 49855

Criminal Records Check Policy

This Company obtains criminal conviction record checks on applicants for employment. This Memo confirms the employment applicant review policy concerning conviction records of applicants.

- 1. This policy only reviews convictions. Arrest records will not be checked.**
- 2. No applicant will be hired who has any conviction or incarceration for any crime of dishonesty, drug possession or sales, assault, or aggression within seven (7) years before applying for the job at the Company.**
- 3. No applicant will be hired for any position involving driving who has a conviction for any driving offense involving alcohol or drug use within three (3) years before applying for the job at the Company.**
- 4. All other applicants with convictions within seven (7) years of application will be reviewed by the Company to determine whether the conviction disqualifies the applicant. The Company will also review driving records and may reject applicants because of poor driving records.**
- 5. Any applicants who falsify employment applications by indicating they have no convictions when they have been convicted in the past (of any date or type) will not be hired and, if hired before the conviction search is completed, will be terminated when the search record confirming a conviction is received by the Company.**
- 6. Any employee who is convicted for any reason during their employment must inform the Company, in writing, of the conviction within five (5) business days of the conviction. Failure to timely provide written notification to the Company of the conviction will result in the immediate termination of the employee. The employment status of an employee who timely reports a conviction will be reviewed on a case-by-case basis. The Company may, in its discretion and as allowed by law, also conduct random and/or periodic criminal records checks of existing employees for convictions.**
- 7. Appropriate steps will be taken to maintain the confidentiality of information received regarding an applicant's or employee's criminal record. Criminal conviction records will maintained by the Human Resources Department in a file separate from employee and applicant files or kept in an appropriate restricted envelope secured for restricted access.**
- 8. Nothing in this Policy shall modify the Company's employment policies.**

Criminal Records Check

Name: _____

Date of Application: _____

Have you been convicted of a crime as defined by the attached Company Criminal Records Check Policy? Yes ☐ No ☐ If so, where, when and nature of offense

I represent that all of the information now or hereafter given by me in support of my application is true and complete.

Applicant signature

Date