

KLEEN TEST PRODUCTS

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:	
1 st Shift	2 nd Shift
3 rd Shift	Any Shift
How did you hear about Kleen Test Products?	

Date: _____

Plant Location: _____

Employees of Kleen Test Products and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

PERSONAL	Last Name	First	Middle	Home Phone	Email
	Street Address			Social Security Number	
	City	State	Zip	Wage Required	Date Available

Are you 18 years of age or older?	Yes	No
Are you presently legally authorized to work in the United States?	Yes	No
Have you ever been convicted of a crime (felony)? *	Yes	No
Are there any felony charges pending against you? *	Yes	No
Have you ever applied or been employed by Kleen Test Products? *	Yes	No
Do you know anyone who currently works for Kleen Test Products or another Meridian Company? *	Yes	No

* Please give details/dates. A **"Yes"** response does not automatically disqualify a job applicant from further consideration.

EDUCATIONS	School Name and Location	Circle last year completed	Major Course	Did you Graduate?
	High School			Yes No
	College			Yes No
	Business or Trade school	Months attended		Yes No
	US Military or Naval	Rank		

BUSINESS REFERENCES

Name of reference _____	_____
Occupation _____	_____
Company _____	_____
Address _____	_____
City, State, Zip _____	_____
Telephone _____	_____

List present or most recent employer first.

WORK EXPERIENCE	Name of Employer	Telephone	Dates of Employment From To
	Address	Salary	May we contact Yes No
	Description of Duties	Job Title	Supervisor's Name
		Shift	Reason for Leaving
	Name of Employer	Telephone	Dates of Employment From To
	Address	Salary	May we contact Yes No
	Description of Duties	Job Title	Supervisor's Name
		Shift	Reason for Leaving
	Name of Employer	Telephone	Dates of Employment From To
	Address	Salary	May we contact Yes No
	Description of Duties	Job Title	Supervisor's Name
		Shift	Reason for Leaving

Please explain any gaps in employment: _____

Comments/Other special skills: _____

I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief. I understand that a medical examination based on the requirements of the position for which I am being considered may be required, and drug/alcohol testing may be included as part of the regular pre-employment physical. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

I hereby authorize KLEEN TEST PRODUCTS to investigate all statements contained in the application and I authorize the release of such factual information that without liability for any damage whatsoever incurred in furnishing such information. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice, at any time by the company. I understand that no company representative, other than its president, and then only when in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Signature

Date

DISCLOSURE/AUTHORIZATION FORM

By this document Kleen Test Products discloses to you that a consumer report may be obtained for employment purposes as part of the pre-screening background screening now and at any time during your affiliation.

This shall authorize the procurement of a consumer report by Kleen Test Products as part of the pre-screening background investigation. If accepted, this authorization shall remain on file and shall serve as an ongoing authorization for Kleen Test Products to procure consumer reports at any time during my affiliation period.

I also authorize the procurement of an investigative consumer report and understand that it may contain information about my employment and educational background, criminal history, credit, mode of living, character and personal reputation. I understand that I have the right to obtain additional disclosure as to the nature and scope of the investigation upon written request within a reasonable period of time and to obtain a copy of the report upon request. This authorization, in original or copy form, shall be valid for this and any future reports or updates that may be requested

In connection with this request, I authorize all corporations, companies, former employees, supervisors, credit agencies, educational institutions, law enforcement/criminal justice agencies, city, state, county and federal courts, state motor vehicle bureaus, military services and persons to release information they may have about me to the person or company with which this form has been filed, or their agent, Absolute Background Search. I release all parties involved from any and all liability for damages arising from requesting, procuring or furnishing the requested information except with respect to a violation of the Act. I authorize Absolute Background Search to receive any criminal history information pertaining to me in the files of any state or local criminal justice agency.

I authorize the National Personnel Records Center, St. Louis MO or other custodian of my military records to release to Absolute Background Search information or photocopies of my military personnel and related records, or only the following information/records: _____

Service # _____ Branch of Service _____ from _____ to _____
CA, MN, and OK RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer credit report from Absolute Background Search. If we do and you wish Absolute Background Search to send you a free copy of this consumer credit report, please check here: _____.

Applicant's Signature		Print Name		Date
Other Name(s) Used	Social Security Number	Date of Birth	Driver ID Number	State
Current Address	City or Town	State	ZIPCODE	
Previous Address	City or Town	State	ZIPCODE	

CONFIDENTIAL AND NON-DISCLOSURE AGREEMENT

KLEEN TEST PRODUCTS CORPORATION, with a principal address at 1611 Sunset Rd., Port Washington, WI 53074, ("Discloser"), may disclose (whether visually, orally or in writing) certain Information (as defined below) to the undersigned ("Recipient") while Recipient (including any of its officers, directors, employees, agents or representatives) is in Discloser's facility. Discloser considers the Information to be confidential and proprietary. Therefore, as a condition to entry into any of Discloser's facilities, Recipient must execute this Confidential and Non-Disclosure Agreement. The term "Information" includes, but is not limited to, all customer-related data, know-how, design ideas, engineering techniques, systems ideas, material applications, facility design, equipment and other information relating to Discloser, its facilities or its operations, but specifically excludes any information which:

- (i) was known to Recipient at the time of the disclosure, as evidenced by written documents in Recipient's possession;
- (ii) was publicly known at the time of disclosure, or becomes publicly known thereafter through no fault of, or breach of any obligation by, Recipient; or
- (iii) becomes known to Recipient through a third party without the breach of any obligation (either by Recipient or such third party) to Discloser.

Recipient recognizes the proprietary rights of Discloser in and to the Information and the confidential nature of the Information. Recipient agrees to take all reasonable precautions to safeguard and treat the Information as confidential. Recipient agrees that it will not disclose or make use of, either directly or indirectly, the Information, or any portion thereof, for any purpose other than that for which it was disclosed by Discloser.

Recipient further agrees to return all copies of the Information upon completion of the purpose for which it was submitted upon written request from Discloser.

Cellular phones are strictly prohibited in all plant locations.

The use of any type of still cameras (digital or photographic, including cell phone cameras), video cameras and audio-recorders is prohibited at all times in all Kleen Test Products' facilities. Requests for exceptions to this policy require an executed Photography Permission form which is available upon request.

Nothing herein shall constitute a commitment to enter into any agreement and no rights, licenses or obligations (except the obligation of Recipient to treat the Information confidential hereunder) shall be inferred or implied.

COMPANY NAME

Signature

Printed Name

Title

Date