



J. Rettenmaier USA LP Employment Application

Email: HR@jrsusa.com

Fax: (269) 679-5626

Mail: J. Rettenmaier USA LP, 16369 US 131 Highway, Schoolcraft, MI 49087

APPLICANT INFORMATION

Name: Last Name First Name Middle Initial Today's Date

Contact: Cell Phone Home Phone Email

Address: Street City County State Zip Code How long at present address?

Are you over the age of 18? Yes No

Were you previously employed by J. Rettenmaier USA? Yes No Dates:

List any relatives or friends working for J. Rettenmaier USA:

Name Relationship

Will you, at time of hire, be legally authorized for employment in the United States? Yes No

*If employed, proof of identity and legal right to work in the U.S will be required within 3 business days of your start date.

POSITION INFORMATION

Position Applying For: Wages Expected:

Can you perform the essential functions of the position for which you are applying? Yes No

If No, Please identify the applicable functions. We will discuss whether an accommodation can be made.

Functions:

Locations Interested in: Cambridge, MN Cedar Rapids, IA Fosston, MN N. Tonawanda, NY Portage, MI Schoolcraft, MI Urbana, OH Wellsville, KS

EDUCATION

INSTITUTION NAME	YEARS COMPLETED	FIELD OF STUDY	GRADUATE OR DEGREE
High School			Yes
College/University			Yes
Business/Technical			Yes
Graduate School			Yes

Have you served an Apprenticeship? Yes No Identify Type or Trade:

Location of Apprenticeship: Dates Served:

Mechanical and/or Technical Experience: *Describe any and all qualifications below.



LIST PRESENT AND FORMER EMPLOYERS FOR LAST 10 YEARS BEGINNING WITH MOST RECENT

WORK EXPERIENCE

Employer Name and Address

Position Title, Duties, and Skills

Pay: \$ Per: Supervisor: May we contact this Employer? Yes No

Start Date End Date

Reason For Leaving:

Employer Name and Address

Position Title, Duties, and Skills

Pay: \$ Per: Supervisor: May we contact this Employer? Yes No

Start Date End Date

Reason For Leaving:

Employer Name and Address

Position Title, Duties, and Skills

Pay: \$ Per: Supervisor: May we contact this Employer? Yes No

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Employer Name and Address

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Pay: \$ Per: Supervisor: May we contact this Employer? Yes No

Start Date End Date

Reason For Leaving:

APPLICANTS CERTIFICATION - PLEASE READ CAREFULLY BEFORE SIGNING

CERTIFICATION

I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in this are correct and complete.

If employed, I understand and agree that such employment may be terminated at any time, without prior notice, and that my employment will not be governed by any expressed or implied contract but is at will.

Applicants Signature: Date:

Employment with J. Rettenmaier USA is strictly a voluntary relationship. The employee is free to resign "at will" at anytime. Likewise J. Rettenmaier USA reserves the right to terminate the employment relationship "at will" at any time for any reason the company deems necessary.

OFFICE USE ONLY

Interview: Yes No

Acceptable for Employment: Yes No

Starting Rate: Start Date: Shift:

Interviewed By: Date:

Approved By: Date:

This application will be kept on file at J. Rettenmaier USA for 90 days. After 90 days all applications are purged from our files requiring an updated application to be completed.

Applicant's Certification and Agreement

Please read carefully and sign below if you agree to these terms of employment.

Certification of Truthfulness: I represent that all my statements in support of my Application for Employment are true and complete. I understand and agree that if JRUSA, at any time, should determine that any requested information was withheld by me or any of my statements are false or misleading, I may be discharged.

Employment at Will: If hired by JRUSA, I agree to comply with all rules, regulations, policies, and communications directed to employees, including any changes made from time to time. I understand that I will be free to resign my employment at any time with or without cause, and with or without prior notice or warning to JRUSA; I agree that JRUSA also may terminate my employment at any time, with or without cause and with or without prior review, notice, or warning.

Limitation on Claims: I agree that any lawsuit against JRUSA and/or its agents arising out of my employment or termination of employment, including but not limited to claims arising under State or Federal civil rights statutes, must be brought within the following time limits or be forever barred: (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, within (i) 180 days of the event(s) giving rise to the claim, or (ii) the time limit specified by statute, whichever is shorter. I waive any statute of limitations that exceeds this time limit.

Authorization to Work: If I am selected for hire, I agree to certify and produce documentation that I am authorized to work as required by the Immigration Reform and Control Act of 1986.

Need For Accommodation: If, due to a physical or mental disability, I need an accommodation to perform the job for which I may be selected, I understand that I must notify JRUSA of this need. Failure to do so in writing within 182 days after I know or reasonably should have known that an accommodation is needed may bar me from alleging that JRUSA has not accommodated me as required by law.

Drug Testing: I agree to provide JRUSA with appropriate specimens to test for the presence of drugs or other controlled substances. I understand that decisions concerning my employment will be made as a result of these tests.

Physical Exam and Release of Medical Information: I understand that any job offer will be conditioned on passing a physical exam. I authorize every medical doctor, physician or other health care provider (HCP) to provide any and all information, including but not limited to medical reports, laboratory reports, X-rays or clinical abstracts relating to my previous health history or employment in connection with any examination, consultation, test or evaluation. I will cooperate in obtaining any additional authorization required by any HCP for release of any information. I hereby release every HCP and every other person, firm, officer, corporation, association, organization or institution which shall comply with the authorization or request made in this respect from any and all liability for disclosure made pursuant to my authorization. I understand that medical information will not be requested from me, my physician or other HCP until a job offer has been made.

Security: I agree that the contents of any offices, work spaces, desks, lockers, computer and computer generated data, any JRUSA property I may be using, as well as my person and any property I bring onto JRUSA's premises, may be inspected by JRUSA at any time, and I waive and promise not to make any claims against JRUSA (or its employees or agents) relating to such inspection. I agree that, except as directed otherwise in writing by JRUSA, I will not disclose to anyone or use for my own purposes, any of JRUSA's confidential or proprietary information, either during or after my employment. I understand and agree that client names and information, financial data, computer information and processes are confidential and proprietary information and I will not make written or other copies or notes regarding these matters except as necessary to perform my job. I agree that if my employment ends, I will deliver to JRUSA all material of any kind that I have relating to its business, including any such copies or notes. I agree that if any of these commitments by me is ever found to be legally unenforceable as written, it will be enforced as far as legally possible.

Consideration for Employment: I agree to the above terms. Should I be employed, I understand and agree that these provisions of my employment can be revised only by a contract signed by both JRUSA and me and authorized by a written resolution of JRUSA, and that no person in JRUSA has any authority to offer employment other than on an at-will basis as described above. I understand and agree that, except as provided above, all compensation, benefits, programs, rules, and policies of JRUSA are subject to exception or change at any time as decided by JRUSA in its sole discretion.

I understand that I may take this application form with me to submit at a later time if I choose to do so. I acknowledge by my signature that I have been given adequate time to read, complete, and review my application and this certification, and I have knowingly and voluntarily signed below.

I have read and understand the items listed in the Application for Employment, including this page, and acknowledge that with my signature below.

Signature of Applicant _____

Date _____, 20____



Authorization and Waiver

This authorization and waiver is part of my written application for employment with JRUSA.

I authorize all employers and educational institutions where I am or have been employed or enrolled, and all law enforcement agencies, to disclose to JRUSA any and all information in their possession about my employment history (including disciplinary and other matters), personal background, and/or credit background. I hereby waive written or other notices from all such parties of their release of any such information to JRUSA. I further authorize all educational institutions I have attended to disclose to JRUSA any and all information in their possession regarding my attendance and performance at such institution, including but not limited to: disclosure of any diploma or degree of certification awarded; disclosure of academic information and transcripts; and disclosure of any disciplinary record. I hereby waive written or other notice from such institution of its release of any such information to JRUSA.

I understand that I may be legally entitled to notice of the release of information from my personnel record, and I hereby specifically waive any such notice from any prior JRUSA.

I release all my prior employers and educational institutions, and all law enforcement agencies, from any liability or claim relating to the release of information, records or opinions to JRUSA, or to any employment decisions made by JRUSA as a result thereof.

For purposes of this Authorization and Waiver, a photocopy of my signature shall have the same force and effect as my original signature.

I authorize JRUSA to contact my current employer. Yes No

Previous Names/Maiden Name

Social Security #

Date of Birth

Signature

Name (Print)

_____, 20_____
Date

Voluntary Self-Identification Form

J. Rettenmaier USA, LP is subject to certain government recordkeeping and reporting requirements in order to comply with civil rights laws and regulations. J. Rettenmaier invites individuals to voluntarily self-identify their sex, race/ethnicity and/or veteran status. This information is voluntary and declining to provide it will not have any impact on hiring, or on terms and conditions of employment. This information will be kept confidential and used only in accordance with applicable laws, executive orders and regulations, such as those that require summarizing and reporting to the federal government. If reported, no individual will be identified.

Name _____ Position Applying For _____ Date _____

What is Your Sex?

- Male Female

What is Your Ethnicity/Race?

- Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino):** A person having origins in any of the Black racial groups of Africa.
- 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.
- 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.
- 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 maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.
- I Do Not Wish to Disclose.**

Are You a Protected Veteran in One or More of the Following Categories?

Recently Separated Veteran: Any veteran during the 3-year period beginning on the date of such veteran's discharge or release from active duty in the United States military, ground, naval, or air service.

Active Duty Wartime or Campaign Badge Veteran: A veteran who served on active duty in the United States military, ground, naval, or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

Armed Forces Service Medal Veteran: A veteran who, while serving on active duty in the United States military, ground, naval, or air service, participated in a United States military operation to which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Disabled Veteran: A veteran of the U.S. military, ground, naval or air force who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or a person who was discharged or released from active duty because of a service-connected disability.

- I identify as one or more category of protected veterans as defined above.
- I am not a protected veteran.
- I do not wish to disclose.

HR Use Only

Location: _____ DTH: _____ DOH: _____ DOR: _____ Reason: _____

Voluntary Self-Identification of Disability

Form CC-305
Page 1 of 1

OMB Control Number 1250-0005
Expires 05/31/2023

Name: _____
Employee ID: _____
(if applicable)

Date: _____

Why are you being asked to complete this form?

We are a federal contractor or subcontractor required by law to provide equal employment opportunity to qualified people with disabilities. We are also required to measure our progress toward having at least 7% of our workforce be individuals with disabilities. To do this, we must ask applicants and employees if they have a disability or have ever had a disability. Because a person may become disabled at any time, we ask all of our employees to update their information at least every five years.

Identifying yourself as an individual with a disability is voluntary, and we hope that you will choose to do so. Your answer will be maintained confidentially and not be seen by selecting officials or anyone else involved in making personnel decisions. Completing the form will not negatively impact you in any way, regardless of whether you have self-identified in the past. For more information about this form or the equal employment obligations of federal contractors under Section 503 of the Rehabilitation Act, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How do you know if you 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:*

- Autism
- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis, or HIV/AIDS
- Blind or low vision
- Cancer
- Cardiovascular or heart disease
- Celiac disease
- Cerebral palsy
- Deaf or hard of hearing
- Depression or anxiety
- Diabetes
- Epilepsy
- Gastrointestinal disorders, for example, Crohn's Disease, or irritable bowel syndrome
- Intellectual disability
- Missing limbs or partially missing limbs
- Nervous system condition for example, migraine headaches, Parkinson's disease, or Multiple sclerosis (MS)
- Psychiatric condition, for example, bipolar disorder, schizophrenia, PTSD, or major depression

Please check one of the boxes below:

- Yes, I Have A Disability, Or Have A History/Record Of Having A Disability
- No, I Don't Have A Disability, Or A History/Record Of Having A Disability
- I Don't Wish To Answer

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.

For Employer Use Only

Job Title: _____

Date of Hire: _____

AFL: _____