

APPLICATION FOR EMPLOYMENT**5 B'S INC.**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

PLEASE PRINT

| | | | |
|--|-----------------------------------|--------------------------------------|-----------|
| Positions(s) Applied For: | | Date of Application: | |
| How Did You Learn About Us? | | | |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Friend | <input type="checkbox"/> Walk-In | |
| <input type="checkbox"/> Employment Agency | <input type="checkbox"/> Relative | <input type="checkbox"/> Other _____ | |
| Last Name: | First Name: | Middle Name: | |
| Address: | City: | State: | Zip Code: |
| Telephone No.(s): | Soc. Sec. No: | County: | |

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
If Yes, give date _____

Have you ever been employed with us before? Yes No
If Yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? *Proof of citizenship or immigration status will be required upon employment.* Yes No

On what date would you be available for work? _____

What are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have a dependable means of transportation to and from work? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If Yes, please explain. _____

EDUCATION

| | Name and Address of School | Course of Study | Years Completed | Diploma Degree |
|-----------------------|----------------------------|-----------------|-----------------|----------------|
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application. Summarize special job-related skills & qualifications from employment or other experience. Please use another sheet of paper if needed.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

| | | | | | |
|---------------------|----------------------|-------------|--------------------|-------|----------------|
| 1. | Employer: | | Dates Employed | | Work Performed |
| | Address: | | From | To | |
| | Telephone Number(s): | | | | |
| | Job Title: | Supervisor: | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Reason for Leaving: | | | | | |
| 2. | Employer: | | Dates Employed | | Work Performed |
| | Address: | | From | To | |
| | Telephone Number(s): | | | | |
| | Job Title: | Supervisor: | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Reason for Leaving: | | | | | |
| 3. | Employer: | | Dates Employed | | Work Performed |
| | Address: | | From | To | |
| | Telephone Number(s): | | | | |
| | Job Title: | Supervisor: | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Reason for Leaving: | | | | | |

5B'S PROHIBITIVE SUBSTANCE/CONSENT AND RELEASE FORM AND BACKGROUND CHECK

I understand that my employment with 5B's Inc. is contingent upon my passing a urine test for drugs of abuse. I understand that if I do not pass the initial screen I am not eligible for employment. I further understand, at any time during my employment with 5B's, I may be required to repeat the urine drug test or submit to drug/alcohol testing. Failure to pass the urine/blood/saliva/breath testing may result in dismissal or disciplinary actions.

I also understand that failure to submit to the urine/blood/saliva/breath testing will be considered insubordination and I may be subject to disciplinary action and/or dismissal. I willingly give my permission to the health care provider to release my urine/blood/saliva/breath test results to 5B's. I understand that this release will apply to pre-employment, post-accident, random, for-cause, or DOT drug/alcohol screening.

The undersigned authorizes 5 B's Inc. to conduct an investigation of my character, court records, employment history, academic history and/or other characteristics deemed necessary. To that end, I authorize former employers, schools, and any other person to furnish 5 B's information relevant to this investigation. I release 5 B's Inc., its agents and associates, schools and any other persons from all liability in connection with this investigation.

Signature of Applicant: _____ Date: _____

Acknowledgement _____
(Company Representative)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for the current year in which you apply. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is or an "at will" nature, which means that the Associate may resign at any time and the Employer may discharge Associate at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

As a condition of employment, applicants and associates must agree to substance abuse testing. I understand that if I refuse to take or fail such testing, I am disqualified from further employment consideration and if employed, may be terminated. I hereby knowingly and voluntarily consent to the Company's request to undergo substance abuse testing. I understand that the Company may require a medical examination after a conditional job offer has been made or at other times during employment. If employed, I agree to testing, including but not limited to, random testing for drug and alcohol use in accordance with the law at the time and in the manner determined by the Company. In addition, I further release the Company and its affiliates, officers, agents, representatives, and associates from any liability or damages associated with or arising from my submission to all such testing and/or medical examinations and the release of such results to the Company and or its designated representatives or agents.

Signature of Applicant: _____ Date: _____