



## APPLICATION FOR EMPLOYMENT

### OUR PEOPLE MAKE THE DIFFERENCE

Thank you for applying for employment with Walsworth Inc. Prior to completing the attached application, we think it is important that you know a few things about us and what will be expected of you if you are hired. Walsworth Inc. is an Equal Employment Opportunity, Affirmative Action Employer. Minorities, women, veterans and individuals with disabilities are encouraged to apply. The policy of the Company prohibits any practice that in any way discriminates against any employee or applicant for employment because of an individual's race, color, religion, national origin, marital status, prior military service, gender, sexual orientation, age or disability as provided by law. The Company also prohibits any type of sexual, religious or national origin harassment, whether it be of a verbal or physical nature.

**What can you expect if you are employed by Walsworth Inc. in addition to fair compensation for your work?** You will be treated with the dignity and respect that all employees deserve. This is best stated by our Company Mission Statement as follows: Walsworth Inc. is in the business of creating value for our customers, company and communities.

The Company's First Focus values are: F = fun – foster a vibrant atmosphere. I = integrity – maintain honesty and accountability. R = respect – show courtesy and appreciation. S = safety – empower our people to maintain a safe workplace. T = teamwork – collaborate to provide solutions and achieve goals.

## VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

In an effort to comply with requirements regarding government record keeping, reporting and other obligations, we ask that you complete this applicant data survey.

This survey is not part of your official application. It is considered confidential information that will not be used in any hiring decision. This survey will be separated from the application, the information will be recorded and this survey will then be destroyed. Your cooperation is appreciated.

### Referral Source:

- Advertisement
- Employee
- Walk-In
- School
- Government Employment Agency
- Private Employment Agency
- Internet
- Other \_\_\_\_\_

### Identification of Gender:

- Male
- Female

### Disabled:

- Yes, I have a disability (or previously had a disability)
- No, I don't have a disability
- I don't wish to answer

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## Race or Ethnicity:

- White** (A person having origins in any of the original peoples of Europe, North Africa, or the Middle East)
- Black or African American** (A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American”)
- Hispanic or Latino (White)** – (A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the White race)
- Hispanic or Latino (All Other Races)** – (a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White)
- Native Hawaiian or Other Pacific Islander** (a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands)
- Asian** (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 Alaskan Native** (a person having origins in any of the original peoples of North America and South America [including Central America], and who maintains tribal affiliation or community attachment)
- Two or more of the above races**, not Hispanic or Latino

## Veteran Status

- Not a Veteran**
- Disabled Veteran**  
Either (1) a veteran of the U.S. military, ground, naval or air service 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 (2) a person who was discharged or released from active duty because of a service-connected disability.
- Recently Separated Veteran**  
Any veteran during the three-year period beginning on the date of such veteran’s discharge or release from active duty in the U.S. military, ground, naval or air service.  
Discharge Date (MM/DD/YYYY)

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- Armed Forces Service Medal Veteran\***  
Any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985. (For the current list of military operations for which an Armed Forces service medal was awarded, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> for updates.)
- Other Protected Veteran\***  
A veteran who served on active duty in the U.S. 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. (For the current list of campaigns and expeditions for which a campaign badge was authorized, visit <http://www.opm.gov/staffingportal/vgmedal2.asp> for updates.)

\*A veteran qualifies under this criterion ONLY based upon military service in the identified campaign or expedition and not simply based on any military service during the time of the campaign or expedition. The campaign badge, service medal and expeditionary medals that qualify a veteran under this criterion will be listed on the veteran’s Armed Forces of the U.S. Report of Transfer or Discharge commonly known as the DD-214.

## APPLICATION FOR EMPLOYMENT

The following information is requested in order to help make the best possible placement within the company. All portions of this application pertaining to you must be completed by you only. Exclude any reference which may reveal or tend to reveal your race, color, religion, national origin, age or marital status. We appreciate the time you spend in filling in the application form.

### Personal

First Name	Middle	Last	Date of Application	
Other Names Used:				
Street Address		City	State	Zip
Telephone: Home		Work or Message #	Email	
Type of employment requested: <input type="checkbox"/> Salaried <input type="checkbox"/> Hourly <input type="checkbox"/> Summer <input type="checkbox"/> Part Time <input type="checkbox"/> Internship <input type="checkbox"/> Other _____		If job requires, would you be willing to work: Overtime <input type="checkbox"/> Yes <input type="checkbox"/> No            1 <sup>st</sup> Shift <input type="checkbox"/> Yes <input type="checkbox"/> No Saturdays <input type="checkbox"/> Yes <input type="checkbox"/> No            2 <sup>nd</sup> Shift <input type="checkbox"/> Yes <input type="checkbox"/> No Sundays <input type="checkbox"/> Yes <input type="checkbox"/> No            3 <sup>rd</sup> Shift <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you previously worked for Walsworth Inc., IPC, Ovid Bell Press, or The Donning Company? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, list former dates of employment and positions held: _____				
In the last five years, have you been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, describe briefly (will not necessarily exclude you from consideration): _____				

### Education

Circle highest grade completed in each school category	School	Location	Major	Degree	Did You Graduate?	Grade Pt. Average
High School 9    10    11    12						
College 1    2    3    4						
Graduate School 1    2    3						
Apprentice, Business or Vocational School						
Other training or skills (Special courses, etc.)						

### Military Service Record

Branch	Rank	<input type="checkbox"/> Inactive Reserve <input type="checkbox"/> Active Reserve	Dates of Duty: From _____ To _____
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### Employment Objectives

What position or type of work are you seeking?	Additional Skills/Abilities _____
Other positions or types of work in which you are interested?	Plant/Office _____
Earnings Expected _____ Per _____	Typing WPM _____
	Machines Operated Computer Experience <input type="checkbox"/> Yes <input type="checkbox"/> No            Makes/Models/Software _____

### Special Abilities

Use this space to tell us about your work-related special abilities, other spoken/written languages, interests, hobbies or other information that will assist us in evaluating your qualifications.

### Employment Background

List most recent job first. Include military service and prior employment at Walsworth Inc. Do not reference a resume.

Employer	From	To	Compensation Rate _____ Per _____
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Summary of your duties & position(s) held.	Supervisor		
	Reason for Leaving		
Please list name, title, address and phone of person to contact.	Name	Title	
	Address	Phone	

Employer	From	To	Compensation Rate Per
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Summary of your duties & position(s) held.			
Supervisor	Reason for Leaving		
Please list name, title, address and phone of person to contact.	Name	Title	
	Address	Phone	

Employer	From	To	Compensation Rate Per
Address			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Summary of your duties & position(s) held.			
Supervisor	Reason for Leaving		
Please list name, title, address and phone of person to contact.	Name	Title	
	Address	Phone	

May we contact the employers listed above?  Yes  No If not, indicate which one(s) you do not wish us to contact:

Have you ever been terminated or asked to resign by an employer?  Yes  No  
If yes, provide complete information on employer(s), date(s) and circumstances:

## General Information

Do you have relatives who work, or have worked for Walsworth Inc., IPC, Ovid Bell Press, or The Donning Company?  Yes  No

If yes, give name, relationship and locations \_\_\_\_\_

Are you at least 18 years of age?  Yes  No

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

Do you have any financial interest in any business or employment in another position that may conflict with your employment with Walsworth?  Yes  No

If Yes, please explain:

Are you available to travel?  Yes  No

Are you applying for a job that will require you to drive?  Yes  No

Is so, do you have a current and valid driver's license?  Yes  No

If yes, provide issuing state and number \_\_\_\_\_

Has your driver's license ever been revoked, suspended, curtailed or denied?  Yes  No

If yes, please provide complete information including date(s), actions(s) taken and circumstances:

### Read before signing this application:

I authorize the Company to verify all statements contained in this application for employment and to make reference and background checks as its representatives deem necessary except as limited above. I understand that employment is contingent upon complying with the employment verification requirements of the Immigration Control and Reform Act. I certify that all statements I have made and all information provided in this application are true, and agree that my misrepresentation or omission of facts called for may result in cancellation of my application for employment or immediate dismissal. In consideration of my employment I agree to conform to the rules and regulations of the Company and I understand that if I am employed by the Company that my employment, regardless of the manner or duration of my compensation, will be for no definite term, and my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, for any reason, at the option of the Company. I understand that no representative of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

As a condition for my application, I understand and agree to undergo substance screening. I understand that if my test results are positive, I shall not be considered further by Walsworth Inc. for the position for which I have applied. I hereby authorize any physician, laboratory, hospital or medical professional retained by Walsworth Inc. for screening purposes to both conduct such screening and provide the results to Walsworth Inc., and I release Walsworth Inc. and any such institution or person conducting the screening from liability.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date