

EMPLOYMENT APPLICATION

JNITY EMPLOYER	Please Print	
TION		
First Name	Middle Initial	
SS		Daytime Phone
State	Zip	Evening Phone
dress (if other than above)		Other Phone
State NFORMATION	Zip	
Position Ro	eference Number	Salary Desired
rt Time Temporary		
☐ Friend ☐ Relative ☐ W	alk-In 🔲 Employment Agency	Other
Y to Work in the United States?	Do You Have	a Valid Driver's License (If Applicable to Position)
	Yes 1	No Other (specify)
urrently Employed at this Con	npany?	es, Who and Relationship
	First Name State State State State Position Rest Time Temporary Friend Relative W Y to Work in the United States?	First Name Middle Initial SS State Zip dress (if other than above) State Zip NFORMATION Position Reference Number rt Time Temporary Priend Relative Walk-In Employment Agency Y to Work in the United States? Do You Have

EMPLOYMENT APPLICATION

EMPLOYMENT HISTORY

End Date Present or Most recent Employer Name Start Date Address City State Phone Job Title Description of Work Responsibilities Reason for Leaving Supervisor's Name May We Contact? ☐ Yes ☐ No Supervisor's Title End Date Employer Name Start Date Address City State Phone Job Title Description of Work Responsibilities Reason for Leaving May We Contact? Yes No Supervisor's Title Supervisor's Name Employer Name Start Date End Date Address City State Phone Job Title Description of Work Responsibilities Reason for Leaving Supervisor's Title We Contact? Yes ☐ No Supervisor's Name

EMPLOYMENT APPLICATION SPECIAL TRAINING OR QUALIFICATIONS

Describe Spe	ecialized Training, Appren	ticeships, Skills Which Are Related In	Any Way to the Kind of Work You Want To Do			
Office Mach	Office Machines Operated		Typing Speed/ Words Per Minute			
Software Ski	lls					
	Organizations, Including Organizations and those which		n, Age, Religion, Sex, Sexual Orientation, or Gender Identity.)			
EDUCA	TION					
High School	/ Location	Years Completed	Degree Earned?			
College/Univ	versity or Professional Sci	hool	Location			
Degree / Maj	or	Years Completed	Degree Earned?			
Graduate Sch	nool		Location			
Degree / Maj	or	Years Completed	Degree Earned? Yes No			
Job Related (Certifications		Certification Earned? Yes No			
		MENTS recy and/or Invention Agreement in Fa	evor of Any Previous Employer?			
If Yes, Please	e List Employer/s					
Name	Address	Phone	Business Relationship			
PROFE	SSIONAL/BUSINI	ESS/ACADEMIC REFERE	NCES			
Name	Address	Phone	Business Relationship			
Name	Address	Phone	Business Relationship			
Name	Address	Phone	Business Relationship			

EMPLOYMENT APPLICATION EQUAL OPPORTUNITY EMPLOYER

EQUAL OPPORTUNITY EMPLOYER -- It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment. We are an equal opportunity employer. This means that employment decisions are based on merit and business needs. We do not discriminate on the basis of race, color, religion, national origin, ancestry, gender, sex, gender identity, age, medical condition, sexual orientation, marital status, citizenship, pregnancy, physical or mental disability, genetic characteristics, veteran or any other protected by federal, state or local laws, or on the basis of any perception that an applicant or employee has any of these characteristics or on the basis that an applicant or employee is associated with someone who has or is perceived to have these characteristics.

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APPLICANT'S STATEMENT

PLEASE READ CAREFULLY BEFORE SIGNING

I certify that the information contained in this application is true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview/s may result in a denial of an offer of employment or, if I am hired, immediate discharge whenever it is discovered. Under the Federal Fair Credit Reporting Act of 1970, you may request in writing the disclosure of the nature and scope of the report referred to above, if any.

I authorize the release of any and all information concerning my previous employment, education, and any pertinent information that my prior employers and schools may have, personal or otherwise, and release all parties from liability for any damage that may result from providing the information to the Company.

I understand the statements which may be contained in policies, practices, handbooks and other company material do not create any contracts, express, implied, or guarantee of employment. I understand the Company has the absolute and unconditional right to modify, amend or terminate policies, practices, benefit plans and other Company programs as it sees fit.

In consideration of my employment, I agree to conform to the rules, regulations and policies of the Company and I agree that, if I am hired, my employment will be at-will, meaning it may be terminated at any time, either by me or by the Company, with or without cause. I understand that no representative of the Company, other than the President, 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 three (3) paragraphs, and that such agreement must be in writing and signed by the President.

I understand that prior to employment, or from time to time during the course of my employment, I may be required, to the extent permitted by law, to take a physical examination, including drug screen, or similar test or examination, as a condition of hiring or continued employment.

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Signature				Date	
Print Name					

I have read and understand the forgoing (5) paragraphs and have voluntarily agreed to them.



EEO SURVEY - APPLICANT VOLUNTARY SELF-IDENTIFICATION FORM

Emerald Textiles is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Emerald Textiles invites employees to voluntarily self-identify their race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

The information you provide is also confidential .			
Full Name:	Gender:	□ Male	☐ Female
 ☐ If you wish to self-identify, please com ☐ If you choose not to self-identify, please 	-		
Race and Ethnicity:			
Hispanic or Latino – A person of Cuban, American, or other Spanish culture			entral
If you did not check "Hispanic or Latino" above, pl	lease select one of the fo	ollowing rac	e/ethnic identifications/
 White (Not Hispanic or Latino) – A persor of Europe, the Middle East, or North Africa Black or African American (Not Hispanic of the black racial groups of Africa. Native Hawaiian or Other Pacific Island any of the peoples of Hawaii, Guam, Samo Asian (Not Hispanic or Latino) – A persor East, Southeast Asia, or the Indian Subcont Japan, Korea, Malaysia, Pakistan, the Philit American Indian or Alaska Native (Not original peoples of North and South American Iffiliation or community attachment. Two or More Races (Not Hispanic or La above five racial/ethnic groups. 	a. ic or Latino) – A person ler (Not Hispanic or La ba, or other Pacific Island on having origins in any tinent, including, for exa ppines, Thailand, and V Hispanic or Latino) – A ca (including Central Ar	tino) – A p ds. of the original ample, Camietnam. A person hamerica),and	gins in any erson having origins in hal peoples of the Far bodia, China, India, ving origins in any of the who maintain tribal
Veteran: ☐ Yes ☐ No As defined under of served on active duty for a period of more to August 5, 1964 and May 7, 1975 and were diese discharged or released from active duty active duty was performed between August 5. • who served on active duty in the U.S. militate campaign or expedition for which a campaign Gulf, El Salvador, Grenada, Lebanon, Paname • one who served on active duty in the U.S. in period beginning on the date of discharge or the served on active duty in the U.S. in period beginning on the date of discharge or the served on active duty in the U.S. in period beginning on the date of discharge or the served on active duty in the U.S. in period beginning on the date of discharge or the served on active duty in the U.S. in period beginning on the date of discharge or the served on active duty in the U.S. in period beginning on the date of discharge or the served on active duty in the U.S. in period beginning on the date of discharge or the served on active duty in the U.S. in the served on active duty in the U.S. in the served on active duty in the U.S. in the unit of the served on active duty in the U.S. in the s	ischarged or released other y for a service connected of 5, 1964 and May 7, 1975; ary, ground, naval, or air s in badge has been authorized na, Southwest Asia, Haiti, military, ground, naval or	rt of which of than disho disability if a or service during zed (such as Somalia & air service d	norably; or, any part of the ag a war or in a The Persian Bosnia); or uring the one-year
Signature:	Date:	· · · · · · · · · · · · · · · · · · ·	