

APPLICATION FOR EMPLOYMENT

Please print clearly in ink. Vuteq considers all applicants for employment without regard to race, color, religion, gender, national origin, age, disability, marital or military status, or based on any individual's status in any group or class protected by applicable federal, state or local law. Vuteq also provides reasonable accommodations to qualified individuals with disabilities in accordance with the Americans with Disabilities Act and applicable state and local law. If you require an accommodation in the application process, please advise management.

PERSONAL DATA

FULL NAME: _____
Last First Middle Maiden

ADDRESS: _____
Address City State Zip Code

PHONE: _____ **ALTERNATE PHONE:** _____

EMAIL: _____

EMPLOYMENT DESIRED

Position you are applying for: _____ **Date available for work:** _____

In many Vuteq positions, a flexible work schedule is important in meeting the needs of our business, and inability to satisfy these work schedules may limit further consideration of your application. Please indicate if you are able and willing to perform the following schedules:

Work availability (Check all that apply): Full Time Part Time 1st shift 2nd shift **Preferred Shift:** _____

Overtime availability (Check all that apply): Daily (Mon – Fri) Saturday Sunday

Occasional or extended business travels both in the U.S. and/or to foreign countries? Yes No

Do you have any commitments to another employer that might affect your employment with Vuteq? Yes No

If so, please explain: _____

GENERAL INFORMATION

Do you have unlimited authorization to work in the United States? Yes NO

If no, please indicate your immigration status or authorization to work (specify): _____

Have you previously applied to Vuteq? YES NO **If yes, provide dates:** _____

Have you previously worked for Vuteq either as a Vuteq employee or through a temporary staffing agency?

Employee Temp Agency _____ **If yes, provide dates:** _____
(Agency Name)

Do you know anyone who works for Vuteq? YES NO

If yes, provide name(s): _____

Have you previously worked for Toyota or any Toyota supplier? YES NO

If yes, provide company name(s): _____

How were you introduced to us? Employee referral Newspaper Radio Internet
 Job Fair School/College INDWD/WorkOne Other (Specify): _____

WORK HISTORY

Please give accurate and complete information. Start with present or most recent employer. Include self-employment, part-time work, military employment and any work performed on a volunteer basis. Account for your **entire employment history, minimum of 5 years**, including significant gaps in employment. **All information must be included, even if you are attaching a resume.**

Employer: _____ Dates employed: _____ to _____

Address: _____
Street City State Zip Code

Job Title: _____ Phone Number: _____ Supervisor: _____

Work performed: _____

Average hours worked per week: _____ May we contact? Yes No

Starting wage: _____ Final wage: _____ Reason for leaving: _____

Employer: _____ Dates employed: _____ to _____

Address: _____
Street City State Zip Code

Job Title: _____ Phone Number: _____ Supervisor: _____

Work performed: _____

Average hours worked per week: _____ May we contact? Yes No

Starting wage: _____ Final wage: _____ Reason for leaving: _____

Employer: _____ Dates employed: _____ to _____

Address: _____
Street City State Zip Code

Job Title: _____ Phone Number: _____ Supervisor: _____

Work performed: _____

Average hours worked per week: _____ May we contact? Yes No

Starting wage: _____ Final wage: _____ Reason for leaving: _____

Employer: _____ Dates employed: _____ to _____

Address: _____
Street City State Zip Code

Job Title: _____ Phone Number: _____ Supervisor: _____

Work performed: _____

Average hours worked per week: _____ May we contact? Yes No

Starting wage: _____ Final wage: _____ Reason for leaving: _____

EDUCATION

High School: _____ Highest Grade Completed: 9 10 11 12

City, State: _____ Diploma or GED Received? Yes No

College: _____ Highest Grade Completed: 1 2 3 4

City, State: _____ Degree received: _____

Major field of study: _____ Minor field of study: _____ Did you graduate? Yes No

Graduate School: _____

City, State: _____ Degree received: _____

Major field of study: _____ Minor field of study: _____ Did you graduate? Yes No

Trade School or other training: _____

City, State: _____ Certificate received: _____

Area of training: _____

SKILLS AND QUALIFICATIONS

Can you fluently speak, read and write in English? Yes No

Are there any other languages you speak fluently? Yes No If so, please list: _____

List any special training, experience, qualifications, skills, or licenses relevant to the position for which you are applying: _____

List any clubs or organizations in which you are a member that relate to the position for which you are applying: _____

List any machines / equipment you can operate (including fork truck): _____

Do you have any computer skills? Yes No If yes, please list: _____

PROFESSIONAL REFERENCES

Provide name, work relationship, email address (if available) and telephone number of three supervisors / managers or other professional references that are not related to you:

1. Name: _____ Work relationship: _____
Email address: _____ Phone number: _____

2. Name: _____ Work relationship: _____
Email address: _____ Phone number: _____

3. Name: _____ Work relationship: _____
Email address: _____ Phone number: _____

May we contact your references? Yes No If no, who and why not? _____

VUTEQ USA TEAM MEMBER ESSENTIAL FUNCTIONS

Activity	Constantly (100% of the time)	Frequently (75% of the time)	Occasionally (40% of the time)
Walking	REQUIRED		
Standing	REQUIRED		
Repetitive Motion	REQUIRED		
Lifting	REQUIRED 0 - 25LBS	REQUIRED 10 - 35 LBS	
Bending		REQUIRED	
Overhead Work (From waist to above shoulders)		REQUIRED	
Pushing/Forceful Exertions		REQUIRED	
Reaching		REQUIRED	
Stooping		REQUIRED	
Twisting		REQUIRED	
Climbing Stairs Ladders			REQUIRED
Crawling			REQUIRED
Kneeling			REQUIRED
Driving ME (Fork Truck and/or Tugger)	AS ASSIGNED	AS ASSIGNED	AS ASSIGNED

Can you perform the above mentioned essential job functions with or without a reasonable accommodation? Yes _____ No _____

Signature

Date

Certification, Authorization, Waiver and Agreement

Please read and initial each paragraph below:

_____ I agree and hereby authorize Vuteq USA, Inc. to conduct a background inquiry to verify the information on this application and other matters related to my suitability for employment and further, authorize my current and former employers to disclose to the company any and all letters, reports, and other information pertaining to my employment with them, without giving me prior notice of such disclosure.

_____ I understand that if offered employment, the offer may be contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon request. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

_____ If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that Vuteq USA, Inc. may conduct alcohol or drug screening at its sole discretion with or without notice. I also understand that refusal to submit to an alcohol/drug screen will be considered a voluntary resignation of employment.

_____ I understand that nothing contained in the application or conveyed to me during any interview which may be granted is intended to create an employment contract, implied or explicit, between Vuteq USA, Inc. and me. In addition, I understand and agree that if employed, my employment relationship with Vuteq USA, Inc. is strictly voluntary and at our mutual will. I understand that if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, with or without cause or reason, at the option of either myself or Vuteq USA, Inc., and that no promises or representations contrary to the forgoing binding on Vuteq USA, Inc unless made in writing and signed jointly by the President/CEO and myself.

_____ I understand and agree that any further changes in my title, duties, compensation, working conditions, and/or Vuteq USA, Inc. benefits, policies and procedures will not alter our at-will agreements.

_____ I understand that if offered employment, I will, as a condition of my employment, be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

_____ If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid Indiana, Illinois or Kentucky driver's license and understand that I will be required to provide a copy of my official record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by Vuteq USA, Inc. auto insurance, if required for my position.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on the application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ While I understand that this application will be kept on file for a period of up to one year, I further understand that this application will be considered active for a period not to exceed ninety (90) days. I understand that if I wish to be considered for employment beyond this period, I should inquire as to whether or not applications are being accepted for the position for which I am interested and, if so, submit a new application.

_____ I understand that failure to honestly answer any question, providing false information, or the omission of information may result in discontinued consideration of your application or termination of your employment.

My signature below certifies that I have read and understand this complete page, and agree to the terms and conditions outlined in this document.

Applicant's Signature: _____ **Date:** _____

Criminal Background

Have you ever been convicted of a criminal offense, either felony or misdemeanor? Do not answer regarding convictions which have been expunged, sealed, annulled, dismissed, erased, impounded, cleared, vacated or officially pardoned. A conviction will not necessarily preclude employment, as each case will be reviewed on its individual facts. Failure to honestly answer this question will result in discontinued consideration of your application or termination of your employment. YES NO

If yes, provide details of each conviction:

DATE: _____

LOCATION (City): _____

Charge: _____

Disposition (Misdemeanor/Felony): _____

Fitness-for-Work Drug/Alcohol Testing Policy and Informed Consent and Release of Liability Document

Vuteq USA, Inc. has a responsibility to provide a safe, healthful, and productive work environment and to promote high standards of health and safety for its Team Members. Consistent with this commitment, Vuteq USA, Inc. strives to maintain a work environment free from the effects of illegal drugs, alcohol and substance abuse.

Therefore, Vuteq USA, Inc. will not knowingly employ any job applicant who uses illegal drugs or is a substance abuser. Vuteq USA, Inc. policy is to administer a pre-employment drug screening test to all prospective Team Members. Any applicant who refuses to consent to a test or tests positive for illegal use of a controlled substance and/or alcohol will not be hired.

Vuteq USA, Inc. Informed Consent and Release of Liability

I UNDERSTAND that according to company policy, which I have read and understand, I am required to submit a sample of my urine for chemical analysis. I understand that this analysis will be conducted by Business Health. The results will be reviewed by a certified physician and this physician may contact the applicant directly for an interview.

THE PURPOSE of this analysis is to determine the absence or presence of drugs and/or alcohol. The results will be reported to Vuteq USA, Inc..

I CONSENT freely and voluntarily to Vuteq USA, Inc request for a urine specimen. I hereby release and hold harmless Vuteq USA, Inc., its employees, agents, directors, and owners from any and all claims or liability whatsoever arising from this request to furnish my specimen, testing of my specimen, and any decision concerning employment made by Vuteq USA, Inc. in whole or in part, based upon the results of the drug screen.

I UNDERSTAND a documented chain of custody exists to ensure the identity and integrity of my specimen throughout this collection and testing process.

NAME (Please Print)

DATE

SIGNATURE