



PLEASE READ BEFORE FILLING OUT THIS PRE-EMPLOYMENT APPLICATION AND OTHER RELATED FORMS

DO NOT RETURN UNSIGNED - FILL-IN, PRINT, SIGN AND DATE WHERE INDICATED

Thank you for applying for a position at Reuland Electric, a leading manufacturer of custom electric motors, electro-magnetic brakes, gear reducers and electronic drive products/systems, foundry products, and machining services.

Your application will be considered without regard to Sex, Sexual Orientation, Race, Color, Religious Creed, Martial Status, Family and Medical Care Leave, National Origin (including Language Limitations), Ancestry, Medical Condition (Cancer/ Genetic Characteristics), Genetic Information, Age (40 and above), Disability (Mental and Physical) including HIV and AIDS, Gender, Gender Identity, Gender Expression Pregnancy Disability Leave or Reasonable Accommodation, Citizenship Status, as well as Veteran or Military Status, or any other consideration made unlawful by applicable State or Federal laws or regulations.

Contact the location/job site's HR department for assistance in completing or submitting your Pre-Employment application package.

If you are a qualified individual with a disability or disabled veteran and need a reasonable accommodation in the application process, please let us know. We will provide reasonable accommodation unless doing so would cause an undue hardship.

Please complete the attached forms as follows:

- (1) **Pre-Employment Application: *Complete in full and sign* (Page 2A & 2B)**
- (2) **Employment Reference Form: *Sign middle section* (Page 3)**
- (3) **Consumer Reports Release Form: *Sign and complete middle & bottom sections* (Page 4)**
- (4) **Voluntary Disclosure Form: *Complete and sign Part "A" or Part "B"* (Page 5)**
- (5) **Voluntary Self-Identification of Disability (Page 6)**
- (6) **Voluntary Self-Disclosure of Veteran Status (Page 7)**

After completing the above, please take the time to read the remaining documents:

- (7) **Veterans Policy Statement (Page 8)**
- (8) **Equal Employment Opportunity Policy Statement (Page 9)**

Reuland conducts a thorough background check of previous employment, credit, criminal convictions and driving record. Please note that the outcome of the background checks does not necessarily disqualify an applicant from employment.

Job offers require you to pass a drug/alcohol screen and a job-related physical examination.

We wish you the best in your job search.



4500 E. Grand River Dr., Howell, MI 48843 Phone: 517.546.4400 Fax: HR direct 440.551.2993 Email hr-mi@reuland.com www.reuland.com

Name Last First MI Social Security Number

Address Street City State ZIP Telephone

Email Address: Were you previously employed with us? If yes, when?

If under 18 years, can you submit a work permit? Can you provide proof of legal right to work in the U.S.?

Type of work you are applying for? Shift?

If your application is considered favorable, on what date will you be able to start?

How did you hear of Reuland?

Have you ever been convicted of a felony? Yes No If yes, explain with full description below:

Note: Disclosing information about convictions will not necessarily be a bar to employment. Each instance and explanation will be considered in relationship to the position for which you are applying.

Hobbies, recreation, interests:

Education and Experience

a. High School: City:

Did you graduate?

b. College, Trade or Technical School? City:

Did you graduate?

Subject or Major: Certificate?

c. Apprenticeship served? Where?

Trade or Affiliation:

Served from: to: Journeyman?

Please indicate any skills, abilities and experiences which you feel would be helpful for work with Reuland :

Work History

List below the names of all your employers for the past ten years beginning with the most recent

a. Employer's Name b. Address c. City and State d. Telephone Number	Time Employed		Job Title	Starting Wage	Leaving Wage
	From Mo/Yr	To Mo/Yr			
a.					
b.					
c.					
d.					

Briefly outline major duties: _____
 Name of immediate supervisor: _____
 Reason for leaving: _____

a.					
b.					
c.					
d.					

Briefly outline major duties: _____
 Name of immediate supervisor: _____
 Reason for leaving: _____

a.					
b.					
c.					
d.					

Briefly outline major duties: _____
 Name of immediate supervisor: _____
 Reason for leaving: _____


a.					
b.					
c.					
d.					

Briefly outline major duties: _____
 Name of immediate supervisor: _____
 Reason for leaving: _____

Emergency Notification

Person to notify: _____ Telephone: _____
 Address: _____

Please read before signing this Pre-Employment Application form:
 I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained within this application and agree to an investigation of my credit, criminal and driving record. In the event of employment, I understand that any false or misleading information given in my application, employment eligibility verification form or interview(s) may result in discharge. In consideration of my employment, I understand that I am required to abide by all rules and regulations of the Company. I further understand that the rules and regulations may be modified by the Company at any time. I, therefore, also agree to abide by any modifications or additions to the rules and regulations of the Company. I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that this is what is known as an "at will" employment relationship. I understand and agree that the description of the at-will employment relationship described above represents the entire agreement between the Company and me regarding the terms of my employment with the Company and the rights each of us have to terminate my employment. I understand that the at-will employment relationship can only be altered by a written agreement signed by the President of the Company. I understand and agree that no practice or policy of the Company will alter the at-will employment relationship. I further understand and agree that no manager or representative of the Company, other than the President, has the authority to enter into any agreement with me for employment for a specific period of time or to make any agreement contrary to the at-will employment relationship. I understand that as a condition of employment or continued employment, I will be required to provide proof of work authorization and identity as required by Federal law. I understand that any job offer will require me to pass a drug/alcohol screen and a job-related physical examination. With the exception of my wages and working conditions, I agree not to use or disclose confidential information belonging to the Company.

Signature of Applicant: _____  Date Signed: _____

For Human Resources Use Only

Date of Hire: _____ Employee No.: _____ Pay Rate: _____ Shift: _____
 Division: _____ Department: _____ Classification: _____
 Notes: _____



To:

Former Employee Information

Name: _____
Social Security # _____
last 4 digits _____
Date: _____

The above applicant has applied for a position with us. Your verification of service will be appreciated and kept confidential.

Applicant's Verification Authorization:

I hereby authorize the company or person named above to give any and all information regarding my employment and any other information, whether personal or otherwise, that may or may not be on record. I hereby release said company or person from all liability or any damage that may result from furnishing such information to Reuland .

Signature: _____  Date: _____

Former Employer: Please fill in this section and return to the Human Resources Dept. – Fax: 440.551.2993

Employed from: _____ to: _____

Job Classification: _____

Please indicate by checking:

	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Poor</u>
Quality of work:	_____	_____	_____	_____
Quantity of work:	_____	_____	_____	_____
Attitude and Cooperation:	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Conduct:	_____	_____	_____	_____

Reason for leaving: _____

Would you rehire? _____

Remarks:

Company: _____

Signature: _____ 

Title: _____



Consumer Reports Disclosure and Notification

You are hereby notified that a consumer report or an investigative consumer report may be obtained from ABI, 1025 S. Main St., Corona, CA 92882 or directly by this employer for the purpose of evaluating you for employment, promotion, reassignment or retention as an employee. ABI can be contacted at 800-707-4636. Under California law, the consumer reports we order on you are defined as investigative consumer reports. The report may contain information bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics or mode of living from public or private records sources or through personal interviews with your neighbors, friends, associates or educational facility.

Under Section 1786.22 of the California Civil Code, you may view the file maintained on you by ABI during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ABI in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

Release Form Authorization for Consumer Reports

In connection with my application for employment (including contract for services) and as a condition of continuing employment, I understand that consumer reports or investigative consumer reports which may contain public records information, may be requested or made on me including consumer credit, criminal records, driving records, education, prior employer verification, workers compensation claims and others. These reports will include experience along with reasons for termination of past employment. Further, I understand that you will be requesting information from various Federal, State, local and other agencies, which contain information on my past activities.

I hereby authorize without reservation, any party or agency contacted by ABI or this employer to furnish the above-mentioned information.

I have the right to make a request of ABI, upon proper identification and the payment of any authorized fees, for the information in its files on me at the time of my request. By placing a check in the following box , I am requesting that I be furnished with a copy of any consumer report and/or investigative consumer report.

I further authorize ongoing procurement of the above-mentioned reports at any time during my employment.



Applicant's Signature: _____ Date: _____

→ **Applicant - complete all sections below (Please Print)** ←

Last Name: _____ First: _____ MI: _____

SSN: _____ Driver License #: _____ State: _____

Date of Birth: _____ Other Names: _____

Current Address _____ City _____ State _____ ZIP _____ Years _____

Past Address _____ City _____ State _____ ZIP _____ Years _____



An Equal Opportunity Employer

Reuland is an equal opportunity employer. In order to comply with EEOC, OFCCP and affirmative action regulations, Reuland is required to compile summary data on the gender and ethnicity of its employees.

The information solicited is collected for the sole purpose of providing data to be used for statistical analysis by Reuland and the EEOC. This information is confidential, maintained in separate files, and is not used in the determination of your eligibility for promotion, transfer, or tenure. Providing this information is VOLUNTARY; however, the EEOC strongly endorses self-identification of race and ethnic categories, as opposed to visual identification by employers. Refusal to provide this information will not subject you to adverse treatment.

Each applicant who applies for employment with this company is required to complete either *Part A* or *Part B* of this form under the requirements of State and Federal employment practices, laws and regulations. As protected by law, this company cannot determine whether or not to hire the applicant from the information provided by this form.

Today's Date: _____

Completed by: (Print your name) _____

(Sign your name) _____ 

Part A

Job you are applying for: _____

Sex: Male Female

Race/Ethnicity: (Check one)

- American Indian/Alaska Native
- Asian
- Pacific Islander/Native Hawaiian
- African American/Black
- Hispanic or Latino
- White
- Two or more races
(Persons who identify with more than one of the above)

Referral Source: (Check one)

- MI Unemployment Office
- Employment Agency (Specify)
- Friend/Relative Referral
- Internet Posting
- Newspaper Ad (Specify):
- Not Specified/Walk-In
- Community-Based Organization
- School – Placement Office
- Veteran/Disable Veteran Referral Source or Publication
- Womens Job List
- Disable Worker Referral Source or Publication
- Other (Specify):

You may request any necessary accommodation to participate in the application process: we will provide accommodation unless an undue hardship would result.

Part B

I do not wish to furnish this information.



Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I 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:

- | | | | |
|---------------------------------------|----------------|--------------------|---|
| Blindness | Autism | Bipolar disorder | Post-traumatic stress disorder (PTSD) |
| Deafness | Cerebral palsy | Major depression | Obsessive compulsive disorder |
| Cancer | HIV/AIDS | Multiple sclerosis | Impairments requiring the use of a wheelchair |
| Diabetes | Schizophrenia | Missing limbs | Partially missing limbs |
| Intellectual disability (retardation) | | Muscular dystrophy | Epilepsy |

Please check one:

Yes I have a disability (or previously had a disability)

No, I don't have a disability

I don't wish to answer



Print Name

Sign

Date

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

i Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

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.

Form CC-305 OMB Control # 1250-0005 expires 1/31/2020



Reuland is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

A "disabled veteran" is one of the following:

- 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
- a person who was discharged or released from active duty because of a service-connected disability.

A "recently separated veteran" means 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.

An "active duty wartime or campaign badge veteran" means 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.

An "Armed forces service medal veteran" means a 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.

Protected veterans may have additional rights under USERRA - the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at 1-866-4-USA-DOL.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. Your response to this request is voluntary and refusal to provide it will not subject you to any adverse treatment.

As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

Print Name: _____ Sign: _____ Date _____



Check One:

I IDENTIFY AS ONE OR MORE OF THE CLASSIFICATIONS OF PROTECTED VETERAN LISTED ABOVE.

I AM NOT A PROTECTED VETERAN



The Company includes an equal opportunity policy statement in its affirmative action program, and posts the policy statement on Company bulletin boards. The Company ensures that applicants and employees who are special disabled veterans are informed of the contents of the policy statement. (For example, the Company will have the statement read to a visually disabled individual, or will lower the posted notice so that it may be read by a person in a wheelchair.) The President of the Company, Noel Reuland, fully supports this program. The Company provides for an audit and reporting system and assigns overall responsibility for the implementation of its affirmative action activities (see below). The Company will: recruit, hire, train and promote persons in all job titles, and ensure that all other personnel actions are administered without regard to special-disabled veteran or Vietnam-era veteran or other veteran status. Further, the Company will ensure that all employment decisions are based only on valid job requirements. Employees and applicants shall not be subjected to harassment, intimidation, threats, coercion or discrimination because they have engaged in or may engage in any of the following activities:

- (1) Filing a complaint;
- (2) Assisting or participating in an investigation, compliance evaluation, hearing, or any other activity related to the administration of the affirmative action provisions of the Vietnam Era Veterans Readjustment Assistance Act of 1974, as amended (VEVRAA) or any other Federal, State or local law requiring equal opportunity for special disabled veterans or veterans of the Vietnam era or other veterans;
- (3) Opposing any act or practice made unlawful by VEVRAA or its implementing regulations or any other Federal, State or local law requiring opportunity for special disabled veterans or veterans of the Vietnam era or other veterans; or
- (4) Exercising any other right protected by VEVRAA or its implementing regulations in this part.

The Company ensures that personal actions with reference to such matters as compensation, benefits and Company-sponsored activities will be administered equitably to all employees. In offering employment or promotions, this Company will not reduce the amount of compensation offered because of any disability income, pension or other benefit the applicant or employee receives from another source.

“Veterans” include qualified disabled veterans, recently separated veterans, other veterans who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985, and other protected veterans.

This Affirmative Action Plan is available by appointment for your personal review in the Human Resources office on Wednesdays from 8:30 AM to 11:30 AM. Appointments may be scheduled by contacting Eli Yorba at Ext. # 6683.

Noel Reuland
President

TO ALL APPLICANTS AND EMPLOYEES

We at Reuland Electric Company believe that each individual is entitled to equal employment opportunity without regard to "Sex, Sexual Orientation, Race, Color, Religious Creed, Marital Status, Family and Medical Care Leave, National Origin (including language limitations), Ancestry, Medical Condition (Cancer/Genetic Characteristics), Genetic Information, Age (40 and above), Disability (Mental and Physical) including HIV and AIDS, Gender, Gender Identity, Gender Expression, Pregnancy Disability Leave or Reasonable Accommodations, Citizenship Status, as well as Veteran or Military Status, or any other consideration made unlawful by applicable State or Federal laws or regulations".

The right of equal employment opportunity extends to Recruitment, Applicants, Hiring, Promotion, Training, Discipline, Treatment during Employment, Transfer or Demotion, Advertising or Solicitation for Employment, Compensation, Layoff or Termination, and other conditions of employment.

In keeping with the above policy, the Human Resources Department will periodically conduct an analysis of all personnel actions and activities to ensure equal opportunity.

Eli Yorba (Extension 6683) has been designated as the EEO Administrator for the implementation and administration of our Equal Opportunity and Affirmative Action Program.

This Affirmative Action Program is available by appointment for your personal review in the Human Resources office, on Wednesdays from 8:30 AM to 11:30 AM.

We encourage our employees to participate in community programs that promote and encourage equal employment practices.

Every effort is to be made to achieve full and equal employment opportunity and to increase the utilization of minorities, females, handicapped and veterans at all levels of the Company.

Noel Reuland
President