



Quality labels, Effective solutions  
6001 Brent Dr. Bldg. A  
Toledo, OH 43611  
800-882-5104  
FX: 419-697-1682  
www.bollin.com

## Application for Employment

Candidate's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you 18 years of age or older?

Yes  No

Are you either a U.S. citizen or an alien authorized to work in the U.S.?

Yes  No

Have you ever worked or attended school under another name? If so, under what name?

\_\_\_\_\_

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### Position Desired

Position: \_\_\_\_\_ Start date available: \_\_\_\_\_

Wage rate desired: \$ \_\_\_\_\_  Hourly  Monthly  Annually

Do you prefer:  Full-time  Part-time If part-time, hours per week desired: \_\_\_\_\_

Hours you are available to work: \_\_\_\_\_

Days of week you are available to work: \_\_\_\_\_

Are you able to work:  Weekends

Holidays

Nights

Overtime

Have you previously worked for Bollin Label Systems?  Yes  No

How did you hear about the job opening? \_\_\_\_\_

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**Education**

High School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Technical School:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
College/University:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Post-Graduate Education:	Graduated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Course of Study:
Other education, training or special skills:		

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**Work Experience**

Please list all previous employment, beginning with the most recent.			
Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Compensation:		Final Compensation:	

Employer:		Address:	
From	To	Position Held:	Reason for Leaving:
Supervisor's Name & Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of Duties:			
Starting Compensation:		Final Compensation:	

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## References

Identify two persons who know your work, beginning with the most recent.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Position or Title: \_\_\_\_\_ Years Known: \_\_\_\_\_

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## Authorization and Acknowledgements

I affirm that the information I have provided in this application is true to the best of my knowledge, information and belief, and I have not knowingly withheld any information requested. I understand that withholding or misstating any information requested in this application is grounds for rejection of my application, and that providing false or misleading information in this application is grounds for discharge.

I authorize the company to verify my references, record of employment, education record, and any other information I have provided. Unless otherwise noted, I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers and all other persons and entities, from any and all claims, demands or liabilities arising out of or in any way related to such inquiry or disclosure.

\_\_\_\_\_  
Candidate's Signature

\_\_\_\_\_  
Date

# HIRING AND EMPLOYMENT POLICIES OF BOLLIN LABEL SYSTEMS

Thank you for considering Bollin Label Systems as a potential employer. Here we have provided a checklist of important components of the hiring process. Please review these policies and check the box at the left to note that you have read and understand them.

- Bollin Label Systems is an equal employment opportunity employer which selects the individual who is the best match for a position based on job-related qualifications, without regard to race, color, creed, sex, national origin, religion, sexual preference, age, disability, military status, genetic information or other protected group status.
  
- Like substantially all American employers, Bollin Label Systems employs its personnel "at will." This means that you are free to leave your employment with Bollin Label Systems at any time, and Bollin Label Systems is free to terminate your employment at any time. The period upon which compensation is based, e.g., hourly, monthly, annually, does not modify an employee's at will status.
  
- Bollin Label Systems embraces a zero tolerance policy on harassment. This means that any harassment of fellow employees, customers, vendors, or anyone associated in any way with Bollin Label Systems is strictly prohibited. All complaints of harassment will be promptly, fully and fairly investigated. Persons found guilty of harassment of any kind including, without limitation, harassment based upon gender, race, or sexual orientation, are subject to discipline up to and including discharge.
  
- Any intentional falsification, misrepresentation, or distortion made in any company document, including employment applications, is grounds for immediate discharge.
  
- Drug and alcohol abuse is, sadly, widespread throughout the country costing employers millions of dollars annually in medical costs, lost productivity, and the like. Bollin Label Systems therefore requires all new employees to pass an initial drug test and physical prior to employment. Bollin Label Systems may at any time ask you to submit to a random drug test. Likewise, if Bollin Label Systems ever has reason to suspect your use of illegal drugs or misuse of legal ones, or your use of alcohol during work hours, Bollin Label Systems has the right to require you to submit to drug and/or alcohol testing. If any employee identifies a problem with substance abuse and is committed to seeking treatment, the employee may consult privately with a Human Resource Representative. Bollin Label Systems will make accommodation for treatment.

I hereby acknowledge that I understand the foregoing policies and principles, and have indicated my understanding by checking the appropriate boxes. I understand that compliance with the foregoing, as applicable, is a material term and condition of my employment.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_