



EXPERI-METAL INC.

Dept: _____

DOA: _____

6385 Wall Street, Sterling Heights, MI 48312 Phone: (586) 977-7800 Fax: (586) 977-6981

Experi-Metal Inc. is an equal opportunity employer. It is the policy of this organization not to discriminate on the basis of race, sex, religion, national origin, marital status, age, weight, height, color, disability or other legally protected status in the hiring, promotion, payment or discipline of employees.

If you are a person with a disability, you may request any needed reasonable accommodation to participate in the application process or interview process. This request should be made in advance so that we can make an accommodation.

We will not discriminate against a person with a covered disability under the Americans with Disabilities Act in regard to employment practices, or terms, conditions, and privileges of employment. Under Michigan law, a person with a disability needing accommodations for employment must notify the employer in writing within 182 days after the need is known or reasonably should have been known. Failure to notify the employer may result in a loss of rights. Should you have any questions or concerns on your rights, please contact the human resources department immediately in writing.

PLEASE PRINT NEATLY

Last Name: _____ First Name: _____ Middle Name: _____

Social Security Number: _____ Are you 18 years old or older? Y N

Present Address: _____ City _____, MI Zip _____

Home Telephone No: (_____) _____ Cell Phone No: (_____) _____

Position(s) Applied For: _____ When Can You Start? _____

How Long Do You Expect To Live In This Area? _____

Have You Previously Filed An Employment Application with Experi-METAL Inc.? Yes _____ No _____

Have you ever been convicted of a crime? No _____ Yes _____ Please detail When, Where & the Nature of the Offense:

Are there any Felony charges pending against you? No _____ Yes _____ If Yes, Please Explain:

Have You Ever Been Dismissed From or Asked to Resign From Any Employment Position? No _____ Yes _____

If Yes, Please Explain (do not include information on protected classifications such as race, sex, national origin, marital status, age, weight, height color, disability or other legally protected status):

Two Persons to Be Notified in Case of Accident or Emergency:

Name: _____ Telephone No: _____

Name: _____ Telephone No: _____

MILITARY SERVICE RECORD

Were You in the U.S. Armed Forces? Yes _____ No _____ If Yes, What Branch? _____

Years of Service: _____ Rank At Discharge: _____ Type of Discharge: _____

List Duties in the Service, Including Special Training: _____

EDUCATION (Include Current Course of Study or Training)

High School Name: _____ City: _____ State: _____

Graduated: Yes _____ No _____ Extracurricular Activities: _____

Offices, Honors, Awards: _____

College/University Name: _____ City: _____ State: _____

Graduated: Yes _____ No _____ If No Degree, Credits Earned _____

Type of Degree Received-Expected _____ Month _____ Year _____

Overall Grade Point Average _____

Technical School Name: _____ City: _____ State: _____

Graduated: Yes _____ No _____ Name of Program: _____

Describe Courses/Skills Covered by Curriculum: _____

PERSONAL REFERENCES (Not Former Employers or Relatives): *Please List at least THREE*

Full Name	Occupation	Telephone Number	Relationship
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Are you bound by a continuing confidentiality, patent, non-compete or other restrictive agreement from your current or former employer? Yes _____ No _____ If Yes, please explain: _____

EMPLOYMENT RECORD: PLEASE LIST CURRENT OR MOST RECENT EMPLOYER FIRST

Current or Most Recent Employer	May We Contact This Employer? Yes _____ No _____
Name: _____	City & State _____ Phone: _____
Employed From: Month _____ Year _____	To Month _____ Year _____
Salary/Rate per Hour: _____	Reason For Leaving: _____
Name of Supervisor: _____	Title: _____
Briefly Describe Your Job Duties: _____	

Employer # 2	May We Contact This Employer? Yes _____ No _____
Name: _____	City & State _____ Phone: _____
Employed From: Month _____ Year _____	To Month _____ Year _____
Salary/Rate per Hour: _____	Reason For Leaving: _____
Name of Supervisor: _____	Title: _____
Briefly Describe Your Job Duties: _____	

Employer # 3	May We Contact This Employer? Yes _____ No _____
Name: _____	City & State _____ Phone: _____
Employed From: Month _____ Year _____	To Month _____ Year _____
Salary/Rate per Hour: _____	Reason For Leaving: _____
Name of Supervisor: _____	Title: _____
Briefly Describe Your Job Duties: _____	

Employer # 4	May We Contact This Employer? Yes _____ No _____
Name: _____	City & State _____ Phone: _____
Employed From: Month _____ Year _____	To Month _____ Year _____
Salary/Rate per Hour: _____	Reason For Leaving: _____
Name of Supervisor: _____	Title: _____
Briefly Describe Your Job Duties: _____	

PLEASE READ AND SIGN THIS APPLICANT AGREEMENT

I certify that all information I have provided in order to apply for and secure work with Experi-Metal, Inc. (“Company”) is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient reason for the Company to (1) cancel further consideration of this application, or (2) immediately discharge me from employment with the Company whenever it is discovered.

If offered employment, I consent to provide blood or urine specimens for alcohol and drug screening analysis through an authorized testing service and I release Company and its officers and employees from any liability arising out of such procedures, tests or results. I acknowledge that remaining free of illegal drugs and otherwise complying with Company’s substance abuse policy are conditions of employment. I also consent to an investigation of my driving record.

I expressly authorize, without reservation, the Company, its representatives, employees or agents to contact and obtain information (except health and/or disability information) from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the Company, its agents, or representatives, for seeking, gathering, disbursing and using such information in the employment process and all other persons, corporations or organizations for furnishing same. I also waive all written notice from all prior employers related to providing such information.

I understand that Company does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the Company and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

I agree to immediately notify the Company if I should be convicted of a felony or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, when my job application is pending or, during my period of employment, if hired.

If I am hired, I understand that employment is at will and that I am free to resign at any time, with or without cause and without prior notice, and Company reserves the right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Company is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the President.

If hired, I agree to report any claim of unlawful harassment or discrimination to the President or a Vice President of the Company in writing within three (3) days of the occurrence and understand that this is an express pre-requisite condition to the filing of any action or lawsuit alleging such a wrongful act.

I understand and agree that in signing this job application, I am agreeing to waive any and all statutes of limitation applying to the employment relationship or my application for employment, and instead agree to the shorter of a) a 90-day period of limitations running from the date of the act complained of, or b) the time prescribed by applicable statute. In the event a court of competent jurisdiction (or an arbitrator as applicable) determines that such a period of limitations of 90-days is invalid as to some or all claims, I agree to the shorter of a) a 180 day period of limitations from the date of the act complained of, or b) the time period prescribed by applicable statute as to only those such claim(s). Any claim brought after such period(s) of limitations shall be barred. *This means that I will only have a limited time to bring any type of legal action against the Company or its officers or employees.*

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT AGREEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Agreement.

Signature of Applicant : _____

Date : _____ / _____ / _____

AUTHORIZATION FOR BACKGROUND CHECK

Experi-Metal Inc. (the "Company") may obtain a credit, consumer and/or investigative consumer report to evaluate your qualifications for employment and, if you are hired, for promotion or continued employment. Therefore, the Company may obtain a credit history, report, a report on the status of your driving record, and/or a criminal record check, in addition to checking your references. The Company may use any or all of these reports in making employment decisions. It is the Company's policy to consider any and all information available that is relevant to a candidate's suitability and qualifications for the position for which the candidate is being considered.

Further information on the nature and scope of such reports will be made available to you within 30 days of when you make written request. Before taking any adverse employment action on the basis of any of these reports, the Company will provide you with a copy of the report, as well as a copy of your FTC-prescribed summary of rights under the Fair Credit Reporting Act.

Name: _____

Social Security Number: _____

Driver's License Number: _____

I authorize the Company to investigate my personal history, character, education and training records, credit history, driving record, and criminal history and to obtain reports related thereto, for use in considering my application for employment and, if I am hired, for promotions or continued employment.

Signature of Applicant : _____

Date : _____ / _____ / _____

AGREEMENT TO ARBITRATE AND WAIVER OF STATUTE(S) OF LIMITATIONS

I understand and agree that any claims or disputes asserting legal rights I have or may have with respect to or arising out of my employment or application for employment with Experi-Metal Inc. (“Company”) including but not limited to claims or disputes involving pay, benefits, discipline, termination or other employment matters, whether based in common law, statute or otherwise, shall be subject to binding arbitration between the Company and me. This agreement also applies to claims against any employees, directors, officers or representatives of the Company. I voluntarily give up the right to a judicial (court) forum and to a trial by jury. The only claims not subject to arbitration are those pertaining to workers’ compensation laws or unemployment compensation laws or the Employee Retirement Income Security Act of 1974. I understand that I shall have the right to review this Agreement to Arbitrate and Waiver of Statute(s) of Limitations (“Agreement”) with legal counsel before signing it, should I wish, and that I have the right to an attorney in any arbitration. The arbitration process shall be conducted in accordance with the mandates of the Federal Arbitration Act and the then existing rules of the American Arbitration Association governing employment disputes, with the stipulation that there shall be only one arbitrator to be jointly chosen in the following manner:

- Company shall provide a list of five possible arbitrators who are approved by the American Arbitration Association and are independent of Company
- Employee shall strike two of the five possible arbitrators
- Company shall strike two of the remaining three arbitrators

The arbitration award shall be final and binding on both the Company and the employee and shall be entered by judgment by the circuit court or federal district court for the jurisdiction in which the award is rendered. The Company shall pay the costs of the arbitrator and court reporter. The parties shall be entitled to reasonable discovery. The arbitrator’s opinion shall set forth findings of fact and conclusions of law. The arbitrator is empowered to award all damages, attorney’s fees, and other relief as permitted by law. Any claim for punitive or exemplary damages shall not be awarded by the arbitrator except where specifically provided by statute. Any such claim for punitive or exemplary damages shall be governed by arbitration as provided by this Agreement. This Agreement shall be construed as broadly as possible to cover any claims which I may have against the Company or its representatives related directly or indirectly to the employment relationship, including the question of arbitrability and discrimination or other claims under federal or state law. The arbitration hearing shall take place at a mutually agreed upon location in Macomb or Oakland County. I understand that binding arbitration is an expressed condition precedent to my employment with the Company and that if I do not wish this provision to bind me as an employee, I am not eligible for employment with the Company. This Agreement shall not prevent an employee from making a claim to a governmental agency, such as the Equal Employment Opportunity Commission, but any right to recovery of damages or monetary relief shall be subject to arbitration. This Agreement is irrevocable.

I further understand and agree that in consideration for my employment with Company, I agree to waive any and all statutes of limitation applying to the employment relationship or my application for employment, and instead agree to the shorter of a) a 90-day period of limitations running from the date of the act complained of, or b) the time prescribed by applicable statute. In the event the arbitrator determines that such a period of limitations of 90-days is invalid as to some or all claims, I agree to the shorter of a) a 180 day period of limitations from the date of the act complained of, or b) the time period prescribed by applicable statute as to only those such claim(s). Any claim brought after such period(s) of limitations shall be barred. *This means that I will only have a limited time to bring any type of legal action against the Company or its officers or employees.*

This Agreement may not be modified except in a written agreement signed by the President of the Company and me.

Understood and Agreed to:

Signature of Employee

Date

Employer

Date