APPLICATION FOR EMPLOYMENT

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AN EQUAL OPPORTUNITY EMPLOYER

| ************************************** |
|---|
| POSITION SOUGHT: |
| LAST NAME: FIRST NAME: |
| MIDDLE INITIAL: |
| HOME ADDRESS: COUNTY: |
| CITY/STATE/ZIP: |
| HOME PHONE: |
| SOCIAL SECURITY NUMBER (optional): |
| ARE YOU AN ADULT? YES: NO: |
| ************************************** |
| IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION. |
| CURRENT EMPLOYER: |
| (Enter "None" if unemployed) |
| MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT? |
| YES: NO: |
| ADDRESS: |
| PHONE NUMBER: |
| DATES EMPLOYED:TO |

{9/28/2011 PLTTCTW 00096182.DOC}

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| JOB TITLE: | |
|---|-----|
| SUPERVISOR'S NAME: | |
| BEGINNING SALARY: PER CURRENT SALARY: PER | |
| DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTION | |
| WHY DO YOU WANT TO LEAVE? | |
| *************************************** | *** |
| PREVIOUS EMPLOYER: | |
| ADDRESS: | |
| PHONE NUMBER: | |
| DATES EMPLOYED:TO: | |
| JOB TITLE: | |
| SUPERVISOR'S NAME: | |
| BEGINNING SALARY: PER ENDING SALARY: PER | |
| DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTION ETC.: | √S, |
| WHY DID YOU LEAVE? | |
| *************************************** | ** |

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|--|-----------------------|
| | |
| PREVIOUS EMPLOYER: | |
| ADDRESS: | |
| PHONE NUMBER: | |
| DATES EMPLOYED:TO | |
| JOB TITLE: | |
| SUPERVISOR'S NAME: | |
| BEGINNING SALARY: PER ENDING SALARY: | PER |
| DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERA ETC.: | |
| | |
| WHY DID YOU LEAVE? | |
| *************************************** | |
| PREVIOUS EMPLOYER: | |
| ADDRESS: | |
| PHONE NUMBER: | |
| DATES EMPLOYED:TO | |
| JOB TITLE: | |
| SUPERVISOR'S NAME: | |
| BEGINNING SALARY: PER ENDING SALARY: | PER |
| DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATETC.: | |

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| WHY DID YOU LEAVE? |
|---|
| *************************************** |
| PREVIOUS EMPLOYER: |
| ADDRESS: |
| PHONE NUMBER: |
| DATES EMPLOYED:TO |
| JOB TITLE: |
| SUPERVISOR'S NAME: |
| BEGINNING SALARY: PER ENDING SALARY: PER |
| DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED, PROMOTIONS, ETC.: |
| WHY DID YOU LEAVE? |
| *************************************** |
| IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO. ************************************ |
| THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED, AND TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION. |
| |
| ADDRESS: |
| DID YOU GRADUATE? HIGH SCHOOL EQUIVALENT? |

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|---|-----------------------|
| COURSES PERTAINING TO JOB APPLIED FOR: | |
| ACTIVITIES, AWARDS, SPORTS, ETC.: | |
| COLLEGE OR TRADE SCHOOL ATTENDED:ADDRESS: | |
| DID YOU GRADUATE? DEGREE: | |
| COURSES PERTAINING TO JOB APPLIED FOR: | |
| ACTIVITIES, AWARDS, SPORTS, ETC.: | |
| GRADUATE SCHOOL(S) ATTENDED: | |
| ADDRESS: | |
| DID YOU GRADUATE? DEGREE: | |
| COURSES PERTAINING TO JOB APPLIED FOR: | |
| DATES OF ATTENDANCE FOR COLLEGE, TRADE SCHOOL SCHOOL SHALL BE VERIFIED BY THE EMPLOYER PRIOR 7 THIS INFORMATION MAY BE REQUESTED IF YOU ARE SELEC THE FINAL CANDIDATES FOR EMPLOYMENT. | TO EMPLOYMENT. |

PLEASE USE THE FOLLOWING SPACE TO PROVIDE ANY FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ABILITIES, HOBBIES, VOLUNTEER WORK, ETC., THAT YOU POSSESS OR HAVE EXPERIENCED THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

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| ************************************** | | | | | | | | | |
|--|--|----------|--------------|--|--|---------------------------|--|--|--|
| | | | | | | If yes, please explain: _ | | | |
| | | | | | | | | | |
| DO YOU POSSESS A | VALID DRIVERS LICENSE? | YES: | NO: | | | | | | |
| IF NO, CAN YOU OB | TAIN ONE PRIOR TO EMPLOYMENT? | YES: | NO: | | | | | | |
| ARE YOU ELIGIBLE | TO WORK IN THE UNITED STATES? | YES: | NO: | | | | | | |
| | E (3) REFERENCES WHO ARE NOT RE LEAST ONE (1) YEAR: | LATED TO | YOU THAT YOU | | | | | | |
| NAME: | | | | | | | | | |
| PHONE: | ADDRESS: | | | | | | | | |
| NAME: | | | | | | | | | |
| PHONE: | ADDRESS: | | | | | | | | |
| NAME: | | | | | | | | | |
| PHONE: | ADDRESS: | | | | | | | | |
| **** | ***** | **** | **** | | | | | | |

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PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

- 1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the Employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing. Initials:
- 2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials:

- 3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the Employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials:
- 4. I understand and accept that the Employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Employer require that the Employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the Employer to investigate my background for any criminal or unlawful activity.

Initials:

5. I understand that the Employer shall verify the Employers, schools, and personal references named in this application prior to employment with the Employer.

Initials:

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I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)