

Employment Application

C.H. Nickerson & Co. Inc.

49 Hayden Hill Rd., P.O. Box 808

Torrington, CT 06790

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

| | | | | | |
|-------------------------|--------|------------|------------------------|-------------|----------|
| Position(s) Applied For | | | Date of Application | | |
| Last Name | | First Name | | Middle Name | |
| Address | Number | Street | City | State | Zip Code |
| Telephone Number(s) | | | Social Security Number | | |

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No

Have you ever filed an application with us before?

Yes No

Have you ever been employed with us before?

If Yes, give date _____
 Yes No

Are you currently employed?

If Yes, give date _____
 Yes No

May we contact your present employer?

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Yes No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work?

Have you ever pleaded guilty to or been convicted of any felony, or to any misdemeanor related to dishonesty?

Yes No

If Yes, please explain the nature of all felonies, and all misdemeanors related to dishonesty, and the dates and jurisdictions in which you pleaded guilty or were convicted.

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

REV. 10/93

Education

| | Elementary School | | | | | High School | | | | Undergraduate College/University | | | | Graduate/ Professional | | | |
|--|-------------------|---|---|---|---|-------------|----|----|----|----------------------------------|---|---|---|------------------------|---|---|---|
| School Name and Location | | | | | | | | | | | | | | | | | |
| Years Completed: | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 |
| Diploma / Degree / GED | | | | | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills and extra-curricular activities | | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application | | | | | | | | | | | | | | | | | |

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe: _____

| Indicate any foreign languages you can speak, read and/or write | | | |
|---|--------|------|------|
| | FLUENT | GOOD | FAIR |
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

List professional and trade activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

| | | | | | |
|--------------------|---------------------|------------|--------------------|-------|----------------|
| 1 | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |

| | | | | | |
|--------------------|---------------------|------------|--------------------|-------|----------------|
| 2 | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |

| | | | | | |
|--------------------|---------------------|------------|--------------------|-------|----------------|
| 3 | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |

| | | | | | |
|--------------------|---------------------|------------|--------------------|-------|----------------|
| 4 | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |

| | | | | | |
|--------------------|---------------------|------------|--------------------|-------|----------------|
| 5 | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Telephone Number(s) | | Hourly Rate/Salary | | |
| | | | Starting | Final | |
| Job Title | | Supervisor | | | |
| Reason for Leaving | | | | | |

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

C.H. Nickerson & Company, Inc. prohibits the use, possession or distribution on its premises, facilities or work places of any of the following: alcoholic beverages, intoxicants and narcotics, illegal or unauthorized drugs (including marijuana), "look-alike" (simulated) drugs, related drug paraphernalia, firearms and unauthorized explosives.

Prior to the start of employment, all prospective employees will be asked to provide a urine sample at a Company approved laboratory to test for the presence of prohibited substances. Presence of one or more prohibited substances will be cause for rejection of employment.

I hereby acknowledge that any employment relationship with this Company is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the Company.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Remarks _____

Interviewer

Date

Employed Yes No

Date of Employment _____

Job Title _____

Department _____

Hourly Rate/Salary _____

By _____

Name and Title

Date

Employment Data Record

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

VOLUNTARY SURVEY

(Please Print)

Date _____

Government agencies at times require periodic reports on the sex, ethnicity, or handicap, veteran and other protected status of employees. The data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

| | | |
|---------------------|-------|-----|
| Name | | |
| Address | | |
| City | State | Zip |
| Social Security No. | | |

| | | | |
|--|---|---|-----|
| Current Job | | | |
| Check One: | <input type="checkbox"/> Male | <input type="checkbox"/> Female | Age |
| Check One Of The Following: (Ethnic Origin) | | | |
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian/Alaskan Native | |
| <input type="checkbox"/> Black | <input type="checkbox"/> Other | <input type="checkbox"/> Asian/Pacific Islander | |
| Check If Any Of The Following Are Applicable | | | |
| <input type="checkbox"/> Vietnam Era Veteran | <input type="checkbox"/> Disabled Veteran | <input type="checkbox"/> Handicapped Individual | |