

Greenleaf Corporation

Application for Employment

Federal and state laws require that all applications be considered without regard to race, color, religion, creed, sex, national origin, ancestry, age, disability, veterans' status, or status in any group protected by state or local law. We are committed to equal employment opportunity. This application, unless acted upon, is current for six months, at the conclusion of which time, if you have not been contacted by Greenleaf Corporation and still wish to be considered for employment, it will be necessary for you to complete a new application.

PERSONAL	(Print) Last Name First Middle				Date of Application:		Home Phone: () ()			
	Present Address: Street City State Zip Code How Long?				Email Address:		Cell Phone: () ()			
	Previous/Permanent Address:				How Long?		Birth date <u>ONLY</u> if under 18 years old: / /			
	Position(s) Applied For:			Check the shifts you are willing to work: <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd			Check One: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			
	Will You Work Overtime If Asked? <input type="checkbox"/> Yes <input type="checkbox"/> No				Rate of Pay Desired \$ Per		Willing to Travel? <input type="checkbox"/> Yes <input type="checkbox"/> No			
EDUCATION	Name of School		Address		Number of Years Completed	Did You Graduate? (Proof will be required)	Degree Type (i.e. Diploma, Certificate, BA, BS, MBA)	Course of Study or College Major		
	High School					<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Vocational School					<input type="checkbox"/> Yes <input type="checkbox"/> No				
	College					<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Graduate School or Other					<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Please list your GPA:				Did you work during the School Term?					
High School		GPA: _____ out of a possible _____		_____ No	_____ Yes:	Average # hours per week: _____				
Vocational School		GPA: _____ out of a possible _____		_____ No	_____ Yes:	Average # hours per week: _____				
College		GPA: _____ out of a possible _____		_____ No	_____ Yes:	Average # hours per week: _____				
Graduate or Other		GPA: _____ out of a possible _____		_____ No	_____ Yes:	Average # hours per week: _____				
List Special Skills or Training: (For example: Seminars or classes attended; Computer software you are proficient with; Machinery you have operated; Work relevant skills you have acquired.)										
ACTIVITIES	List no activity (unless you wish) which reveals your race, color, religion, creed, sex, national origin, ancestry, age, disability, veterans' status, or status in any group protected by state or local law.									
	School Activities: Athletic, Class, Scholastic, Social (Indicate Grade Level)				Community & Business, Social, Professional			Volunteer Activities (Unpaid Work Experience)		
US MILITARY	Branch of Armed Services:	Active Duty				Rank		List Relevant Major Duties/Training		
		From		To						
		Mo	Yr	Mo	Yr	At Entry	At Release			
	Reserve Status:				Branch:					

**** Please complete fully even if attaching a resume. ****

EMPLOYMENT RECORD	Name and Address and Phone Number of Employers	Dates Worked Mo/Yr	Name and Title of Immediate Supervisor	Title of Position & Description of Job Performed	Rate of Pay	Reason for Leaving
	Name (Present or Most Recent Employer)	From			Start	
	Address & Telephone Number	To			Leave	
	Name (Next Previous)	From			Start	
	Address & Telephone No.	To			Leave	
	Name (Next Previous)	From			Start	
	Address & Telephone No.	To			Leave	

**** If you have any Additional Work Experience, please list on the next page ****

May We Contact Your Present Employer? Yes No Previous Employers? Yes No

GENERAL	Have You Ever Been Employed By Greenleaf Corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Where:	From	To
	Reason for Leaving:			
Names of Friends or Relatives Employed by Greenleaf Corporation:				
List any other special skills, qualifications, certifications, or facts which you have not already identified which you feel are relevant to your ability to perform the position(s) for which you have applied:				
Have you been convicted of a felony within the past ten years which has not been expunged? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, be aware that you will not be automatically disqualified from consideration. <i>A complete list with dates of all convictions should be attached.</i>				
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of eligibility will be required if employed.</i>				

APPLICANT'S STATEMENT AND AGREEMENT

(Read the following carefully before signing this Application for Employment.)

My signature below indicates that I have read, I understand, and I agree to the following:

- I hereby certify that the information I have provided in this application for employment is true and complete to the best of my knowledge. I understand that if I am hired, the discovery of any false information provided or any relevant information omitted (no matter when discovered) will result in the immediate termination of my employment.
- I hereby authorize Greenleaf Corporation to make a thorough investigation of my entire work history and to verify all data given in my Application for Employment, related papers, or oral interviews. I voluntarily authorize such investigation and I release from liability any person giving or receiving any such information.
- I understand that if an offer of employment is made to me it will be contingent upon my completion of a pre-employment physical examination at company expense to determine my ability to perform the job to the satisfaction of Greenleaf Corporation. I hereby consent to undergo that physical examination which may include any and all tests and procedures determined by Greenleaf Corporation to be helpful in evaluating my suitability for employment, including but not limited to urinalysis, controlled substance and/or alcohol testing. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or in the future during my employment with Greenleaf Corporation.
- I understand that as a part of Greenleaf Corporation's procedure for processing employment applications, an investigation and/or a report may be made by a consumer reporting agency in the process of which information may be obtained through interviews with third parties, such as family members, business associates, financial sources, friends, neighbors, or others with whom I have been acquainted. This inquiry may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. I hereby authorize Greenleaf Corporation to have such an investigation and/or report made. I understand that under the Federal Fair Credit Reporting Act, I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure by Greenleaf Corporation of the nature and scope of the investigation requested. If this application for employment is denied either wholly or partly because of information contained in a consumer report from a consumer reporting agency, I understand that Greenleaf Corporation shall so advise me and shall supply me with the name and address of the consumer reporting agency making the report.
- My employment may be terminated by myself or Greenleaf Corporation at any time without Greenleaf's liability for wages or salary except such as may have been earned at the date of such termination.
- Although management makes every effort to accommodate individual preferences, I understand that business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or a work schedule other than Monday through Friday.
- In consideration of my employment, I agree to comply with the policies, rules, regulations, and procedures of Greenleaf Corporation including signing Greenleaf's Employee Agreement and authorizing use of my photograph on the company's security access/ID badge, and understand that my employment and compensation can be terminated with or without cause or notice, at any time, at the option of either Greenleaf Corporation or me. I further understand that no manager or representative of Greenleaf Corporation other than the President, General Counsel, or Human Resources Manager has any authority to enter into any agreement with me for employment for any specified period of time or to make any agreement different from or contrary to any Greenleaf Corporation policy. I further understand that any such agreement, if made, shall not be enforceable unless it is in writing and signed by my and by one of the individuals designated above.

DATE: _____

SIGNATURE: _____

- Attach any additional information or documents to this Application -

Greenleaf Corporation

Please List All Additional Work Experience

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Employer Name Address and Phone Number	Dates Worked (Mo/Yr)	Name & Title of Immediate Supervisor	Position Held & Duties Performed	Rate of Pay	Reason for Leaving
	From:			Start:	
	To:			Leave:	

Greenleaf Corporation
Personal and Professional References
(Please do not list relatives.)

APPLICANT NAME:	DATE:
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REFERENCES:

Name:	Telephone: ()
Address:	
How known:	
Name:	Telephone: ()
Address:	
How known:	
Name:	Telephone: ()
Address:	
How known:	
Name:	Telephone: ()
Address:	
How known:	

Greenleaf Corporation
18695 Greenleaf Drive
PO Box 1040
Saegertown PA 16433

Greenleaf Corporation
Pre-Employment Investigation Notice

Applicant Name: _____
(Printed)

We appreciate your interest in employment with Greenleaf Corporation. As a part of our normal procedure for processing applications, a routine inquiry into your background may be made during the next few days. This investigative inquiry typically concerns information on an applicant's character, general reputation, personal characteristics and work record, and may include interviews with references or others. Further information on the nature and scope of such an inquiry, if one is made, is available to you upon written request.

Will you please read the following statement and indicate your agreement by signing below.

I authorize all persons, investigative agencies, business organizations, schools, companies, corporations, credit bureaus and law enforcement agencies to supply Greenleaf Corporation and/or its agents, any information concerning my background. I authorize Greenleaf Corporation, its personnel and/or agents to conduct and interpret interview procedures they believe necessary. I unconditionally release the furnishing entity and Greenleaf Corporation, its shareholders, personnel and agents from any and all liability and responsibility, damages and claims of any kind whatsoever arising from this investigation of my background and the interview procedures conducted.

Signature _____
Date

(Maiden Name or Other Name Used)

Date of report: _____ Agency: _____

Date report destroyed: _____

Greenleaf Corporation
18695 Greenleaf Drive
PO Box 1040
Saegertown, PA 16433

Greenleaf Corporation

Reference Check Form

Applicant:

It is the policy of Greenleaf Corporation to seek references on each applicant before hiring. Please print your full name and social security number below. Thank you.

Social Security Number

Print Full Name

I hereby authorize you to issue any information you may have regarding my services and character and do hereby unconditionally release you/your organization from all liability from any damage whatsoever which might result from furnishing same.

Date

Signature

The person named above has applied for a position as _____ at Greenleaf Corporation. With your help we can better evaluate this applicant and thus, wisely choose the kind of employees who will find fulfillment in their work while providing quality service to the Corporation. *Thank you for your input.*

Dates of employment or years acquainted:	From: _____	To: _____
Were services satisfactory:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reason for termination:	_____	
Would you recommend this applicant for employment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Would you re-employ? If no, please explain on back.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

	VERY GOOD	SATISFACTORY	UNSATISFACTORY
Interpersonal Skills			
Punctuality			
Dependability			
Character			
Job Knowledge			
Job Performance			
Compliance with Policies			
Attitude			
Attendance Record			
Cooperation			

Date

Signature of person completing Reference Check Form

Return To: Greenleaf Corporation
 Human Resources
 18695 Greenleaf Drive
 P.O. Box 1040
 Saegertown PA 16433

Voluntary EEO Identification

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record-keeping requirements. The Company believes all persons are entitled to equal employment opportunities and does not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status or any other protected group status.

Name: _____ Date: _____ Sex: Male Female

Position applied for: _____

RACE/ETHNIC DATA

- White (Not Hispanic or Latino) Asian (Not Hispanic or Latino)
 Black or African American (Not Hispanic or Latino) American Indian or Alaska Native (Not Hispanic or Latino)
 Hispanic or Latino Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)
 Two or More Races (Not Hispanic or Latino)

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans, and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

DISABLED/VETERAN CLASSIFICATION(S)

- Disabled Person Not Disabled and not a Veteran Vietnam Era Veteran Special Disabled Veteran (rated 30% or more)

EXPLANATION OF THE CATEGORIES

WHITE: A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

BLACK: A person having origins in any of the black racial groups of Africa.

HISPANIC OR LATINO: A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

ASIAN: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

AMERICAN INDIAN OR ALASKAN NATIVE: A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Island.

TWO OR MORE RACES: All persons who identify with more than one of the above five races.

DISABLED INDIVIDUAL: Federal regulations define a disabled person as one who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a history of such impairment, or (3) is regarded as having such an impairment.

VIETNAM ERA VETERAN: Federal regulations define a veteran of the Vietnam Era as one who (1) served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975, and was discharged or released with other than a dishonorable discharge, or (2) was discharged or released from active duty for a service connected disability of any part of such active duty was performed between August 5, 1964, and May 7, 1975.

SPECIAL DISABLED VETERAN: Federal regulations define a special disabled veteran as one who (1) is entitled to compensation under laws administered by the Veterans' Administration for disability rated 30% or more, or (2) was discharged or released from active duty because of a service-connected disability.

AN EQUAL OPPORTUNITY EMPLOYER