

**Drytech Inc.**  
**Employment Application**  
**Form**

**Phone: 609-758-1794**

**Please mail completed  
application to:**

P.O. Box 128, Cookstown, NJ  
08511

**Or fax application to:**  
609-758-1774

PLEASE PRINT ALL INFORMATION  
REQUESTED EXCEPT SIGNATURE

**OFFICE USE ONLY:**

Date received: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

PLEASE COMPLETE PAGES 1-6.

DATE \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Maiden

Present address \_\_\_\_\_  
Street City State Zip

How long at current address? \_\_\_\_\_ Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_

Are you under the age 18 \_\_\_ YES \_\_\_ NO, if "YES", can you provide proof of your eligibility to work? \_\_\_ YES \_\_\_ NO

Are you a United States citizen? \_\_\_ YES \_\_\_ NO

Are you a United States green card holder? \_\_\_ YES \_\_\_ NO

Position applied for (1) \_\_\_\_\_  
and wage desired (2) \_\_\_\_\_  
(Be specific)

Days/hours available to work  
No Pref \_\_\_ Thur \_\_\_  
Mon \_\_\_ Fri \_\_\_  
Tue \_\_\_ Sat \_\_\_  
Wed \_\_\_ Sun \_\_\_

How many hours can you work weekly? \_\_\_\_\_

Employment desired:  FULL-TIME ONLY  PART-TIME ONLY  FULL-OR PART-TIME

When are you available to start work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	NUMBERS OF YEAR COMPLETED	MAJOR & DEGREE
High School			
College			
Bus. or Trade School			
Professional School			

Have you ever been convicted of a crime which is substantially related to the functions or qualifications of the job which you are applying for? No Yes (a Conviction record will not necessarily disqualify you from employment).

If yes, explain the number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed and type(s) of rehabilitation.

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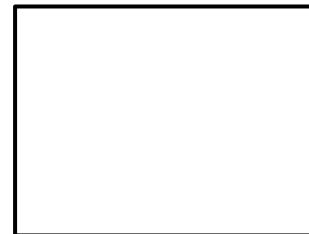


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APPLICATION FOR EMPLOYMENT

DO YOU HAVE A DRIVER'S LICENSE? Yes No

What is your means of transportation to work? \_\_\_\_\_

Driver's license number \_\_\_\_\_ State of issue \_\_\_\_\_ Operator Commercial  
Expiration date \_\_\_\_\_ Chauffeur (CDL)

Have you had any accidents during the past three years? Yes No How many? \_\_\_\_

Have you had any moving violations during the past three years? Yes No How many? \_\_\_\_

OFFICE POSITIONS ONLY

Yes Yes Yes  
Typing No \_\_\_\_ WPM 10-Key No Word Processing No \_\_\_\_ WPM

Personal Yes PC Other \_\_\_\_\_  
Computer No Mac Skills \_\_\_\_\_



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APPLICATION FOR EMPLOYMENT

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES?    Yes    No

ARE YOU NOW A MEMBER OF THE NATIONAL GUARD?    Yes    No

Specialty \_\_\_\_\_ Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

Work Experience:  
Please list your work experience for the **past seven years** beginning with your most recent job held. If you were self-employed, give the firm name. **Attach additional sheets if necessary.**

Name of Employer Address City, State, Zip Code Phone Number	Name of last supervisor	Employment dates	Pay or salary
		From _____ To _____	Start _____ Final _____
	Your last job title _____		

Reason for leaving (be specific)

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Employer Address City, State, Zip Code Phone Number				Name of last supervisor	Employment dates	Pay or salary
					From _____ To _____	Start _____ Final _____
				Your last job title _____		
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____ _____						

Name of Employer Address City, State, Zip Code Phone Number				Name of last supervisor	Employment dates	Pay or salary
					From _____ To _____	Start _____ Final _____
				Your last job title _____		
Reason for leaving (be specific)						
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company. _____ _____ _____ _____						

May we contact your present employer? Yes No

Did you complete this application yourself Yes No If not, who did? \_\_\_\_\_

After reviewing the attached job description, please indicate if you are able to perform the essential functions of the job you have applied Yes No. If you answered "No", please identify those job functions that you cannot perform. If a reasonable accommodation is required to enable you to perform the job properly and safely, please describe: \_\_\_\_\_

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PLEASE READ CAREFULLY

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APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Drytech Inc., (hereinafter called “the Company”), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship either in the position applied for or any other position, and regardless of the contexts of the employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee Drytech Inc. or otherwise to change in any respect the employment-at-will relationship by the Owner/Managing Member of the Company. Both the undersigned and Drytech Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, all previous employers (unless otherwise indicated), references and other and hereby release the Company from any liability as a result of such contact.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, the Company will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with the Company may be terminable at will for any reason by either party.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

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Drytech Inc. is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age, or disability. We assure you that your opportunity for employment with Drytech Inc. depends solely on your qualifications.

Thank you for your completion of this application form and for your interest in our business.