



**WE DO TEST  
FOR DRUGS**

# **NISBET, INC.**

## **APPLICATION FOR EMPLOYMENT**

**WE ARE AN EQUAL OPPORTUNITY EMPLOYER**

### **DRUG FREE WORKPLACE**

*We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, sexual orientation, disability, marital or veteran status, or any other legally protected status.*

**(ONLY APPLICATIONS WITH ALL INFORMATION COMPLETE WILL BE CONSIDERED)**

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Address: \_\_\_\_\_  
(Number) (Street Address)

\_\_\_\_\_  
(City) (State) (Zip Code)

Home Telephone No.: \_\_\_\_\_ Home Email Address: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM / PM

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? If Yes, give date: \_\_\_\_\_  Yes  No

Have you ever been employed with us before? If Yes, give date: \_\_\_\_\_  Yes  No

Are you acquainted with any employees of this Company? If so, who: \_\_\_\_\_  
\_\_\_\_\_

Are you currently employed?  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)

Have you been convicted of a felony within the last 7 years?  Yes  No  
(Conviction will not necessarily disqualify an applicant from employment)

Date available for work: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ What is your desired hourly / salary range? \_\_\_\_\_

Are you available to work:  Full-Time (Please indicate 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> shift)  
 Part-Time (Please indicate Mornings Afternoons Evenings)  
 Temporary (Please indicate dates available \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

## **EDUCATION**

	Name and Address of School	Course of Study	No. of Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any apprenticeship or specialized training you have received or skills you have (You may exclude memberships / organizations which would indicate race, color, religion, gender, national origin, sexual orientation, disabilities or other protected status):

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Describe any job-related training received in the United States Military: \_\_\_\_\_

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## **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, disabilities or other protected status. NOTE: All employment history should be disclosed—gaps in employment must be explained.

**PLEASE PROVIDE COMPLETE EMPLOYER NAME, ADDRESS, AND PHONE NUMBER. INCOMPLETE OR MISSING INFORMATION WILL CAUSE A DELAY IN PROCESSING YOUR BACKGROUND CHECK.**

1. Employer: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Telephone Nos.: \_\_\_\_\_ Hourly Rate/Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

2. Employer: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Telephone Nos.: \_\_\_\_\_ Hourly Rate/Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

3. Employer: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Telephone Nos.: \_\_\_\_\_ Hourly Rate/Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

4. Employer: \_\_\_\_\_ Date Employed: From \_\_\_\_\_ To \_\_\_\_\_  
Address: \_\_\_\_\_ Work Performed: \_\_\_\_\_  
Telephone Nos.: \_\_\_\_\_ Hourly Rate/Salary: Start: \_\_\_\_\_ Final: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

*If you need additional space, please continue on a separate sheet of paper.*

List professional, trade, business, civic, or extracurricular activities and offices held: (You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status)

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**ADDITIONAL INFORMATION**

OTHER QUALIFICATIONS: (Summarize special job-related skills and qualifications acquired from employment or other experience)

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SPECIALIZED SKILLS: (Check skills / equipment operated)

- PC / MAC
- Excel
- Word Processing
- Power Point
- Other: \_\_\_\_\_

Production Machinery  
(List Type)

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Other Equipment  
(List Type)

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State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

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**NOTE TO APPLICANTS: Do not answer this question unless you have been informed about the requirements of the job for which you are applying.**

Discrimination on the basis of a disability, which does not create the occupational hazards nor prevent substantial job performance, is prohibited by State Law.

Are you capable of performing, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied?  Yes  No

A review of the activities involved in such a job or occupation has been given.  Yes  No

## REFERENCES

1. \_\_\_\_\_  
(Name) (Phone No.)  
\_\_\_\_\_  
(Address)  
Relationship to Applicant: \_\_\_\_\_

2. \_\_\_\_\_  
(Name) (Phone No.)  
\_\_\_\_\_  
(Address)  
Relationship to Applicant: \_\_\_\_\_

3. \_\_\_\_\_  
(Name) (Phone No.)  
\_\_\_\_\_  
(Address)  
Relationship to Applicant: \_\_\_\_\_

4. \_\_\_\_\_  
(Name) (Phone No.)  
\_\_\_\_\_  
(Address)  
Relationship to Applicant: \_\_\_\_\_

How did you learn about us:

- Advertisement
- Employment Agency
- Internet

- Relative
- Friend
- Other \_\_\_\_\_

- Inquiry
- Web Site

## **EMPLOYMENT AND EDUCATION INFORMATION RELEASE FORM**

To Whom It May Concern:

I authorize and request each former employer, and each person, firm, or corporation which I have given as a reference, to furnish any information that may be sought by Nisbet, Inc., concerning me; and I hereby release all parties from any liability for any damage that may result from furnishing any such information and waive any privileges involved.

I authorize and request each school, college, or university which I have indicated that I attended on my application to furnish any information that may be sought by Nisbet, Inc., concerning me; and I hereby release all parties from any liability for any damage that may result from furnishing any such information and waive any privileges involved.

\*\* NAME(S) TO CHECK: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

\*\* If your records appear under more than one name, please provide all names

05/02

**CONSUMER REPORTING AGENCY INFORMATION RELEASE FORM  
FOR CRIMINAL RECORDS AND CREDIT REPORTS**

**TO WHOM IT MAY CONCERN:**

Nisbet, Inc., ("Nisbet") has informed me, and I hereby acknowledge, that it may obtain a consumer report (i.e., a credit report or criminal report) on me for employment purposes. Nisbet has advised me that before it takes any adverse action, based in whole or in part on the information obtained, that it will provide me with a copy of the report and a written description of my rights.

I hereby authorize and request all credit reporting agencies, including all consumer reporting agencies, and all local, municipal, city, county, state, and federal police/law enforcement authorities to furnish any information that may be sought by Nisbet regarding any criminal conviction of mine regardless of the date of such conviction.

Furthermore, I authorize and request all credit reporting agencies, including all consumer reporting agencies, to furnish any information that may be sought by Nisbet regarding me, which information does not antedate the report by more than seven years, regarding: (i) motor vehicle moving violations; (ii) suits and judgments; (iii) paid tax liens; and (iv) accounts placed for collection or charged to profit and loss.

I authorize and request you to provide Nisbet with information regarding any bankruptcy information regarding me that, from the date of entry of the order for relief or the date of adjudication, as the case may be, does not antedate the report by more than ten years.

If this box is marked, then I hereby certify that Nisbet has informed me that my annual salary equals, or may reasonably be expected to equal, \$75,000 or more. I, therefore, hereby authorize and request that you furnish any information sought by Nisbet regardless of the time.

I hereby release all parties from any liability for any damage that may result from furnishing any such information and waive any privileges involved.

DATE: \_\_\_\_\_

NAME(S)\*\* \_\_\_\_\_

WITNESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

\*\* If the records appear under more than one name, please provide all names.

05/02

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

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.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization 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 that 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 this organization.

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.

I agree that I will settle any and all claims, disputes, or controversies arising out of or relating to my application or candidacy for employment, employment and/or cessation of employment with Nisbet, Inc., *exclusively* by binding and final arbitration conducted through the National Arbitration Forum. In the alternative, if the National Arbitration Forum is no longer in existence or is unable to conduct the arbitration, the parties will mutually select an attorney at law from the Greater Cincinnati area to serve as the arbitrator. In the event the parties are unable to agree upon a single arbitrator, each shall select an arbitrator who shall then select a third. By way of example only, such claims include claims under federal, state, and local statutory or common law, such as Age Discrimination in Employment Act, Title VII of the Civil Rights Act of 1964, as amended, including the amendments of the Civil Rights Act of 1991, the American with Disabilities Act, the law of contract and the law of tort. I agree that the award in any such arbitration shall be binding and enforceable pursuant to the Ohio Arbitration Act, Ohio Revised Code 2711.01 *et seq.* and the Federal Arbitration Act, 9 U.S.C. 1 *et seq.* I also agree that the administrative expenses of the arbitration shall be paid as ordered by the Arbitrator and that this agreement does not restrict Nisbet, Inc.'s right to any equitable relief in a court of law for any breach or violation of any duty or obligation of nondisparagement, confidentiality, or duty of loyalty owed by me to Nisbet, Inc.

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

Signature: \_\_\_\_\_



**THE COMPANY'S  
PRE-EMPLOYMENT TESTING POLICY**

I, \_\_\_\_\_, understand that as a final candidate for hiring by Nisbet, Inc. dba Nisbet Brower, Regency Marble, Nisbet Property Holdings, Kemper Logistics LLC and Reading Equipment LLC (also referred to as "The Company"), I will receive a conditional offer for employment based in part upon my consent and submission to a drug test; that this drug test will be performed on a specimen of urine or blood which I give voluntarily; and that, for accuracy, if the initial test is positive the test will be confirmed through a second, more comprehensive test (GC/MS).

I understand that as a result of refusing to take the pre-employment drug test or if there is a positive result on such a test, I will not qualify for employment with The Company and any employment offer extended or employment already begun will be withdrawn. I further understand that any employment offer extended to me is subject to The Company's final review and approval of my application and hiring even if I have a negative result on my pre-employment drug test. This testing policy also does not modify the employment-at-will status between The Company and me.

I understand that to receive the results of my pre-employment drug test, I must submit a written and signed request to The Company. The test results will then be made available to me within sixty days from The Company's receipt of the request.

I also understand that to promote safety and health of its workforce and as a condition of employment, The Company requires employees to comply with The Company's Substance-Free Workplace Policy, which includes consenting to drug and alcohol testing. Further, that as an employee, I may be subject to testing as it is required by the contractor of any project in which The Company serves as a sub-contractor.

My signature verifies that I have reviewed and understand this pre-employment drug testing policy of The Company. Further, I agree to submit to a pre-employment drug test and to allow the release of test results to The Company.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witnessed By

\_\_\_\_\_  
Date

# This Organization Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

**IMPORTANT:** If the Government cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact DHS and/or the SSA before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants and may not limit or influence the choice of documents you present for use on the Form I-9.

To determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo matching tool to match the photograph appearing on some permanent resident cards, employment authorization cards, and U.S. passports with the official U.S. government photograph. E-Verify also checks data from driver's licenses and identification cards issued by some states.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the employment eligibility verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 800-255-7688, 800-237-2515 (TDD) or at [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify Works for Everyone

For more information on E-Verify, please contact DHS:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

### NOTICE:

**Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

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# Esta organización participa en E-Verify



Este empleador proporcionará a la Administración del Seguro Social (SSA, por sus siglas en inglés) y, de ser necesario, al Departamento de Seguridad Nacional (DHS, por sus siglas en inglés) la información incluida en el Formulario I-9 de todo empleado nuevo con el propósito de confirmar su autorización de trabajo.

**IMPORTANTE:** Si el gobierno no puede confirmar que usted tiene autorización para trabajar, el empleador debe suministrarle las instrucciones por escrito y darle la oportunidad de ponerse en contacto con DHS o SSA antes de sancionarlo de cualquier forma o finalizar la relación laboral.

Los empleadores no pueden utilizar E-Verify para realizar preselecciones de solicitantes y no pueden limitar ni influenciar la selección de los documentos que usted presente para su inclusión en el Formulario I-9.

Para determinar si los documentos incluidos en el Formulario I-9 son válidos, este empleador utiliza la técnica de comparación fotográfica para comparar la fotografía que aparece en las Tarjetas de Residente Permanente, Tarjetas de Autorización de Empleo y pasaportes de los EE. UU. con la fotografía oficial del gobierno de los EE. UU. Asimismo, E-Verify verifica los datos incluidos en licencias de conducir y tarjetas de identificación emitidas por algunos estados.

Si considera que su empleador ha infringido sus responsabilidades en virtud de este programa o lo ha discriminado durante el proceso de verificación de la elegibilidad de empleo por su origen nacional o estatus de ciudadanía, comuníquese con la Oficina del Consejero Especial llamando al 800-255-7688, 800-237-2515 (para personas con impedimentos auditivos) o visitando [www.justice.gov/crt/osc](http://www.justice.gov/crt/osc).

## E-Verify funciona para todos

Para obtener más información sobre E-Verify, comuníquese con DHS al:

**888-897-7781**

**[www.dhs.gov/E-Verify](http://www.dhs.gov/E-Verify)**

### AVISO:

**La ley federal exige a todos los empleadores que verifiquen la identidad y la elegibilidad de empleo de todas las personas contratadas en los Estados Unidos.**



**E-VERIFY IS A SERVICE OF DHS AND SSA**

El logotipo y la marca de E-Verify son marcas registradas del Departamento de Seguridad Nacional. Queda estrictamente prohibida la venta comercial de este afiche.