



EMPLOYMENT APPLICATION

Sequent, Inc. is an EQUAL OPPORTUNITY EMPLOYER. Qualified applicants receive consideration for employment without regard to their race, religion, color, ancestry, age, sex, or disability. To be considered for employment, this application must be completed fully, including its addenda. Your responses to the questions in this application form must be accurate and complete and they will be judged in relation to the requirements of the job you are seeking. Applications may remain active for three months. Applicants selected for employment will be required to prove U.S. citizenship or a legal right to work in the U.S. as determined by the U.S. Immigration and Naturalization Service. Sequent, Inc. is an "at will" employer, which means employment may be terminated by the employee or the company at any time, with or without notice, and for any reason or no reason at all.

IDENTIFICATION

Name (Last) (First)			(Middle)
Address (Number) (Street)		(City)	(State) (Zip)
Home Phone Number (Area Code & No.)	Work Phone Number (Area Code & No.)	Social Security Number	Are you at least 18 years old?

EMPLOYMENT DESIRED

Position Desired	
Applying for:	Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Either <input type="checkbox"/>
Which shift will you work?	
Any <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/>	
Salary or Hourly Rate Expected	Date available to start
\$ _____ Per _____	



GENERAL INFORMATION

What prompted your application or who referred you to us?			
Placement Agency <input type="checkbox"/>	State Job Svc <input type="checkbox"/>	Another Employee _____	Own Accord <input type="checkbox"/>
		Advertisement <input type="checkbox"/>	Other _____
Office and Computer Skills			
Computer Keyboard Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, approximate w.p.m. _____			
Shorthand Yes <input type="checkbox"/> No <input type="checkbox"/>		If Yes, approximate w.p.m. _____ Dictaphone Yes <input type="checkbox"/> No <input type="checkbox"/>	
10-Key Calculator Yes <input type="checkbox"/> No <input type="checkbox"/> Other office machines or equipment _____			
Computer Software Skills (Check all that apply)			
<input type="checkbox"/> C <input type="checkbox"/> JAVA <input type="checkbox"/> Visual Basic			
<input type="checkbox"/> Other Programming Software: _____			
<input type="checkbox"/> MS Word <input type="checkbox"/> MS Excel <input type="checkbox"/> MS Access <input type="checkbox"/> MS PowerPoint <input type="checkbox"/> WordPerfect <input type="checkbox"/> Lotus <input type="checkbox"/> PageMaker			
<input type="checkbox"/> Web Publishing _____			
<input type="checkbox"/> Other office, accounting, human resources, payroll software: _____			
<input type="checkbox"/> Other presentation, publishing, or CAD software _____			
Licenses, Registrations, Certifications			
Type (e.g., Driver's, CDL, Forklift Operator, Teaching, etc.)	Issuing Agency or Organization	Cert. or ID No.	Expiration Date
Ever been employed by this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, give details in EMPLOYMENT section.			
Name any relatives working for this company. (This is neither an advantage nor disadvantage. It helps us with placement.)			
Have you ever been convicted of any violation of law by any court other than for a minor traffic offense? _____ If YES, please explain, giving date, offense, and disposition.			
Conviction of a crime is not an automatic bar to employment. All circumstances will be considered.			

EDUCATION/TRAINING

	Name and location of school/training	No. Years Completed	Diploma/Degree	Program or major courses	Grade Average
Last High School					
College/University, Professional, Business or Technical Schools					
Grad School					
Subject of special study or research					
Extracurricular activities in high school and/or college					
Scholarships, fellowships, or awards received					



EMPLOYMENT HISTORY

List all employment **and** periods of unemployment during the last fifteen years. You may list employment prior to fifteen years ago which is related to the job you are seeking or if you wish to have it considered. You are not required to list military service, but you may do so if it is related to your career and you wish to have it considered.

Present Employer (Company Name) or period of unemployment		Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address		City	State	Zip
		Department		
		Supervisor		
Your Job Title	Your name at the time	Salary/Wage	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
			Regular <input type="checkbox"/>	Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments				
Reason for leaving				
Previous Employer (Company Name) or period of unemployment		Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address		City	State	Zip
		Department		
		Supervisor		
Your Job Title	Your name at the time	Salary/Wage	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
			Regular <input type="checkbox"/>	Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments				
Reason for leaving				
Previous Employer (Company Name) or period of unemployment		Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address		City	State	Zip
		Department		
		Supervisor		
Your Job Title	Your name at the time	Salary/Wage	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
			Regular <input type="checkbox"/>	Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments				
Reason for leaving				



Previous Employer (Company Name) or period of unemployment				Telephone No.	From Mo./Yr.	To Mo./Yr.
Employer's Address			City	State	Zip	Department
						Supervisor
Your Job Title		Your name at the time		Salary/Wage	Full Time <input type="checkbox"/>	Part Time <input type="checkbox"/>
						Regular <input type="checkbox"/>
						Temp <input type="checkbox"/>
Describe duties, equipment operated and special accomplishments						
Reason for leaving						

Request additional sheets if needed, or use plain paper and provide same information as above.

REFERENCES

List three persons who have known you for at least one year. Please exclude relatives.			
Name	Address	Phone No.	Business

STATEMENT OF CERTIFICATION, AUTHORIZATION, AND AGREEMENT

I certify that the information I have provided in this application form, in my resume, and interview(s) is complete and accurate. I authorize all my former employers and personal references to answer inquiries made by Sequent, Inc. and I hereby release all such parties including Sequent, its subsidiaries, employees, subscribers, and agents from liability as a result of doing so. I agree that if, in the exclusive opinion of Sequent, I have made any misrepresentation, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn or, if already hired and working, I may be terminated without liability, except for payment at the rate agreed upon for services actually rendered. I understand this authorization to investigate my background is extended to and covers the entire period of my employment with Sequent. A copy of this agreement and certification can serve as an original.

I understand and agree that Sequent is an "at will" employer and that this means that my compensation can be changed by the company at any time or my employment can be terminated by me or Sequent at any time and for any reason, or for no reason at all, and that no one, except the President of Sequent, is authorized to enter into a contract or agreement of employment with me for any specific period of time or offer me any benefits different than those generally available to other similarly situated employees as stated in the company's benefit plans and employee policy manual. Any such agreement must be in writing and signed by me and the President of Sequent. Any other such agreements, oral or written, by anyone else are considered null and void.

If I am hired, I understand I will be required to complete all forms and documentation the company requires for its new hire processing. My failure to do so may result in withdrawal of any employment offer or termination if I have already started to work. After employment, I understand that I will be required to complete all documentation the company requires upon demand including, but not limited to, tax withholding, personal information changes, benefit enrollment forms, performance appraisals, and warning notices and other corrective actions. My failure to do so may result in disciplinary action up to and including termination, as deemed appropriate by the company.

I understand I must adhere to the policies and procedures of Sequent while I am an employee of the company.

Applicant Signature _____ Date _____



APPLICANT'S AUTHORIZATION, CERTIFICATION & AGREEMENT



If I am employed by this company or any of its affiliates:

- I understand that, as a condition of employment, I may be required to undergo and successfully pass a screening for alcohol and/or drugs. I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening at any time at the request of the company. I hereby consent to having the results of any alcohol or drug screening I may be required to undergo disclosed to the company.
- I agree to submit to a medical examination at any time at the company's request. I hereby consent to having the results of any post-offer pre-employment or post-employment medical examinations I may be required to take disclosed to the company.
- I understand and agree that the company reserves the right to establish and change any of the terms and conditions of my employment at its discretion at any time, as it deems appropriate, unless I am covered a contract of employment signed by the President of the Company.
- I authorize this company to respond to telephone or written employment verifications and confirm dates of employment, job title, and if I am no longer employed, my reason for leaving. I understand that other information such as wage or salary and performance information will only be provided if requested in writing accompanied by a written authorization and release of liability signed by me or if an appropriate court or government agency order is issued for the release of the information. I hereby release this company, its owners, shareholders, officers, directors, managers, employees, subscribers, and agents from liability resulting from the release of this information.

PLEASE READ THE ABOVE BEFORE SIGNING.

I have read and agree to the above statements.

Applicant Name: _____
Please Print

Applicant Signature: _____

Date Signed: _____



FAIR CREDIT-REPORTING ACT

CONSUMER REPORT DISCLOSURE & AUTHORIZATION



Copy to Applicant

This Company has disclosed to me that it may procure and may take into consideration the results of a Consumer Report as part of its background investigative process for pre-employment purposes and/or at anytime throughout my employment with the Company, should I be hired.

I also authorize the Company to procure and use as part of its background investigation the results of such a Consumer Report for pre-employment purposes and/or at anytime throughout my employment with the Company, should I be hired.

Should this Company employ me, it will retain this form on file.

I understand that I have the right to demand a complete and accurate disclosure of the nature and scope of any Consumer Report requested on my background, as well as a summary of my rights under the Fair Credit Reporting Act. (To obtain such information, please contact the Company Human Resources Department.)

PLEASE READ THE ABOVE BEFORE SIGNING.

I have read and agree to the above statements.

Applicant Name: _____
Please Print

Applicant Signature: _____

Date Signed: _____



FAIR CREDIT-REPORTING ACT

INVESTIGATIVE CONSUMER REPORT DISCLOSURE & AUTHORIZATION



Copy to Applicant

This Company has disclosed to me that it may procure and may take into consideration the results of an Investigative Consumer Report for pre-employment purposes and/or at anytime throughout my employment with the Company, should I be hired.

I also authorize this Company to procure and use as part of its background investigation the results of such an Investigative Consumer Report for pre-employment purposes and/or at anytime throughout my employment with the Company, should I be hired.

Should this Company employ me, it will retain this form on file.

I understand that I have the right to demand a complete and accurate disclosure of the nature and scope of any Investigative Consumer Report requested on my background, as well as a summary of my rights under the Fair Credit Reporting Act. (To obtain such information, please contact the Company Human Resources Department.)

PLEASE READ THE ABOVE BEFORE SIGNING.

I have read and agree to the above statements.

Applicant Name: _____
Please Print

Applicant Signature: _____

Date Signed: _____





FAIR CREDIT-REPORTING ACT DISCLOSURE & AUTHORIZATION

Copy to Applicant Upon Request

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you -- such as if you pay your bills on time or have filed bankruptcy -- to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you -- such as denying an application for credit, insurance, or employment -- must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:

PLEASE CONTACT:

CRA's, creditors and others not listed below

Federal Trade Commission
Consumer Response Center - FCRA
Washington, DC 20580, Phone 202-326-3761

National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)

Office of the Comptroller of the Currency
Compliance Management, Mail Stop 6-6
Washington, DC 20219, Phone 800-613-6743

Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)

Federal Reserve Board
Division of Consumer & Community Affairs
Washington, DC 20551, Phone 202-452-3693

Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)

Office of Thrift Supervision
Consumer Programs
Washington, DC 20552, Phone 800-842-6929

Federal credit unions (words "Federal Credit Union" appear in institution's name)

National Credit Union Administration
1775 Duke Street
Alexandria, VA 22314, Phone 703-518-6360

State-chartered banks that are not members of the Federal Reserve System

Federal Deposit Insurance Corporation
Division of Compliance & Consumer Affairs
Washington, DC 20429, Phone 800-934-FDIC

Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission

Department of Transportation
Office of Financial Management
Washington, DC 20590, Phone 202-366-1306

Activities subject to the Packers and Stockyards Act, 1921

Department of Agriculture
Office of Deputy Administrator - GIPSA
Washington, DC 20250, Phone 202-720-7051



BACKGROUND INFORMATION AUTHORIZATION & REQUEST

Consumer Information:

Legal Name: _____ SSN*: _____

Full Address: _____
No. Street City State Zip

County of Residence: _____ State: _____

Previous Address: _____ Yr Moved: _____
No. Street City State

Date of Birth *: _____ Driver's License No.* _____ State _____

**Please Note: Date of Birth, Driver's License Number, and Social Security Number on this form will be used for background checks only.*

By signing below, I give Sequent, Inc. permission to seek the requested reports, verifications, and references. I do hereby release the consumer reporting agencies, governmental agencies, employers, and Sequent, Inc. and their owners, directors, officers, employees, agents, and clients of all liability for releasing the requested information.

Applicant Signature: _____ Date: _____

Reports that may be requested:

- Credit Report for Employment purposes
- State Criminal Conviction Report
- State Civil Conviction Report
- County Criminal Conviction Report
- Driving Record Report
- State Identification Verification
- Professional License Verification
- School, College, or University Verification
- Ohio Bureau of Criminal Identification and Investigation Report
- Federal Criminal Record Report
- Federal Civil Record Report
- Employment Verification/Reference
- Personal/Professional Reference
- Social Security Number Verification
- Visa/Passport Verification
- Immigration Document Verification
- Other _____

