



APPLICATION FOR EMPLOYMENT

3202 Latham Drive / P.O. Box 44190 / Madison, WI 53744-4190 / 608-271-3300 / conney.com

PERSONAL PROTECTIVE EQUIPMENT FIRST AID PRODUCTS

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL RECORD *(Please Type or Print)*

Today's Date: _____

Full Name: _____ Your Social Security#: _____

Position(s) Applying for: 1) _____ 2) _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ E-mail: _____

Were you referred by a Conney Safety employee? Yes No What is that employee's name: _____

Are you a U.S. Citizen or otherwise authorized to obtain lawful employment in the U.S.? Yes No

Do you have a valid Driver's License? (Answer if applying for Facilities or Outside Sales Position) Yes No

Have you ever pleaded guilty to, or been convicted of, a Misdemeanor or Felony? Yes No IF YES, provide information as to the Offense(s), Date of Offense and Relevant Court Proceedings, Location of Court, and so forth. If the job you are applying for involves operation of a motor vehicle, include Traffic Convictions in the last 5 years. (Conney Safety will consider your record only as it may relate to the job you seek. You are required to provide sufficient information for that determination, and failure to do so may disqualify you from further consideration.)

Are you currently subject to a pending Criminal Charge? Yes No IF YES, provide further information as to the Charge(s), Date of Alleged Offense, Location of Court, and so forth. (Conney Safety will consider a pending Criminal Charge only as it may substantially relate to the job you seek.)

EDUCATIONAL RECORD *(This information will be used only where relevant to the position you seek)*

High School Name	Location	HS Graduate or Equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No
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College Name	Location	Start Date	End Date	Degree	Date Received
Major Fields	Minor Fields	Your Overall GPA:		A Perfect GPA Was:	

College Name	Location	Start Date	End Date	Degree	Date Received
Major Fields	Minor Fields	Your Overall GPA:		A Perfect GPA Was:	

Night School, Business College or Correspondence School				
Name of School	Location	Year (From-To)	Course	Graduate?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Describe any other Training, Certifications, or Experience you consider relevant to the position you seek: _____

EMPLOYMENT RECORD

At Approximately what Annual Compensation
do you expect to start: \$ _____

May we contact your Present Employer? Yes No *Please Initial:* _____
May we contact your Former Employer(s)? Yes No *Please Initial:* _____

EMPLOYMENT HISTORY *List your present (1) and previous (2, 3, 4) employment, last job first*

1 Company Name: _____ City: _____ State: _____
Type of Business: _____ Phone: () _____
Position: _____ Supervisor's Name & Title: _____
Job Duties: _____
Reason for Leaving: _____
Start Date: _____ Starting Earnings: \$ _____ Per Month Per Year } *DO NOT INCLUDE TRAVEL EXPENSES*
End Date: _____ Ending Earnings: \$ _____ Per Month Per Year }

2 Company Name: _____ City: _____ State: _____
Type of Business: _____ Phone: () _____
Position: _____ Supervisor's Name & Title: _____
Job Duties: _____
Reason for Leaving: _____
Start Date: _____ Starting Earnings: \$ _____ Per Month Per Year } *DO NOT INCLUDE TRAVEL EXPENSES*
End Date: _____ Ending Earnings: \$ _____ Per Month Per Year }

3 Company Name: _____ City: _____ State: _____
Type of Business: _____ Phone: () _____
Position: _____ Supervisor's Name & Title: _____
Job Duties: _____
Reason for Leaving: _____
Start Date: _____ Starting Earnings: \$ _____ Per Month Per Year } *DO NOT INCLUDE TRAVEL EXPENSES*
End Date: _____ Ending Earnings: \$ _____ Per Month Per Year }

EMPLOYMENT HISTORY *(Continued)*

4 Company Name: _____ City: _____ State: _____

Type of Business: _____ Phone: () _____

Position: _____ Supervisor's Name & Title: _____

Job Duties: _____

Reason for Leaving: _____

Start Date: _____ Starting Earnings: \$ _____ Per Month Per Year

End Date: _____ Ending Earnings: \$ _____ Per Month Per Year

DO NOT INCLUDE TRAVEL EXPENSES

REFERENCES *(Please do not list former employers or relatives)*

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Occupation: _____

Name: _____ Phone: () _____

Address: _____ City: _____ State: _____ Zip: _____

E-Mail: _____ Occupation: _____

AUTHORIZATION, RELEASE, and CERTIFICATION

I certify that all information on this application is true, complete, and correct to the best of my knowledge. I understand that any false or misleading statements by me, or material omissions of information requested of me, may result in rejection of my application, or if employed, termination of my employment. I hereby give permission to the employer to seek to verify and supplement the information set forth in this application. I release from all liability or legal claims every person seeking or providing information, whether oral or written. A photocopy of this release shall be as valid as the original, and may be relied upon by all persons providing information.

I understand that employment with Conney Safety Products is not contractual and is at-will. I understand and agree that, if hired, I may voluntarily leave employment at any time, and may be terminated at any time for any lawful reason, or for no reason. I understand that any oral or written statements which I claim to have been made to me now or in the future inconsistent with the provisions of the paragraph, are expressly disavowed and revoked by the company, and should not be relied upon by me as an applicant for employment or as an employee, if hired.

I understand that this application will be considered inactive after thirty (30) days.

I certify I have read (or have had read to me) and understand this authorization, release, and certification. I understand that Conney Safety Products is a drug-free work environment and offers of employment are contingent upon passing a pre-employment drug test.

Applicant's Name *(Print or Type)*: _____ Today's Date: _____

Applicant's Signature: _____

SALES APPLICANTS ONLY

How long have you been engaged in Sales? _____

What Products or Services have you sold? _____

What type of selling was involved: Industrial Retail Wholesale

What type of customers did you have: Industrial Consumer Jobber Store Dealer

Average Annual Earnings (*Net After Travel Expenses*): \$ _____

Describe briefly the nature of the selling effort involved on each job: _____

Are you willing to relocate? Yes No

What percentage of your time are you willing to travel (*Nights on the road, away from home*): _____ %

Why are you interested in a Sales career? _____

If you were to summarize your total Sales experience, what would you say are your strong points and your weak points? _____

What is your greatest achievement? _____
