



APPLICATION FOR EMPLOYMENT

RAYMOND HANDLING SOLUTIONS IS AN EQUAL OPPORTUNITY EMPLOYER. WE COMPLY WITH ALL FEDERAL, STATE AND LOCAL LAWS REGARDING EMPLOYMENT PRACTICES. ALL REQUESTED INFORMATION ON THIS EMPLOYMENT APPLICATION IS DESIGNED TO BE JOB RELATED. OUR EMPLOYMENT POLICIES ARE NON-DISCRIMINATORY.

PERSONAL DATA

LAST NAME		FIRST NAME		MIDDLE NAME/INITIAL	
ADDRESS			APT. No.	CITY	STATE ZIP CODE
HOME TELEPHONE ()		WORK TELEPHONE ()		CELL TELEPHONE / PAGER ()	
MAY WE CONTACT YOU AT WORK: <input type="checkbox"/> YES <input type="checkbox"/> NO	SOCIAL SECURITY NUMBER LAST FOUR DIGITS ONLY _ _ _ _		EMAIL ADDRESS		

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YOU ARE HIRED TO WORK FOR <i>RAYMOND HANDLING SOLUTIONS</i> , YOU WILL BE REQUIRED TO FURNISH DOCUMENTATION WITHIN 3 WORKING DAYS THAT YOU ARE LEGALLY ENTITLED TO WORK IN THE UNITED STATES.

DESIRED POSITION

POSITION APPLIED FOR:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY	DATE AVAILABLE	SALARY DESIRED/STATE BY HOUR, MONTH OR YEAR
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HAVE YOU BEEN PREVIOUSLY EMPLOYED BY RAYMOND HANDLING SOLUTIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, DATES: TITLE:	DO YOU HAVE ANY OBLIGATIONS THAT WOULD PREVENT YOU FROM MEETING ATTENDANCE REQUIREMENTS? <input type="checkbox"/> YES PLEASE EXPLAIN: <input type="checkbox"/> NO
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HOW DID YOU BECOME AWARE OF THIS POSITION WITH <i>RAYMOND HANDLING SOLUTIONS</i> ?
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PLEASE LIST NAMES OF FRIENDS OR FAMILY EMPLOYED BY <i>RAYMOND HANDLING SOLUTIONS</i> .
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RECORD OF PREVIOUS EMPLOYMENT

Resume cannot be substituted for employment history.

Please start with present or last employer. You may use extra sheets for additional employment.

NAME OF PRESENT/LAST EMPLOYER			
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER ()	SUPERVISOR'S NAME		SUPERVISOR'S TITLE
YOUR JOB TITLE	START DATE	END DATE	
RATE OF PAY _____ / _____ STARTING ENDING	REASON FOR LEAVING		
MAJOR RESPONSIBILITIES			
MAY WE CONTACT THE ABOVE EMPLOYER?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

EMPLOYER NAME			
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER ()	SUPERVISOR'S NAME		SUPERVISOR'S TITLE
YOUR JOB TITLE	START DATE	END DATE	
RATE OF PAY _____ / _____ STARTING ENDING	REASON FOR LEAVING		
MAJOR RESPONSIBILITIES			
MAY WE CONTACT THE ABOVE EMPLOYER?			
<input type="checkbox"/> YES <input type="checkbox"/> NO			

RECORD OF PREVIOUS EMPLOYMENT

Continued

EMPLOYER NAME			
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER ()	SUPERVISOR'S NAME		SUPERVISOR'S TITLE
YOUR JOB TITLE	START DATE	END DATE	
RATE OF PAY _____ / _____ STARTING ENDING	REASON FOR LEAVING		
MAJOR RESPONSIBILITIES			

MAY WE CONTACT THE ABOVE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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EMPLOYER NAME			
ADDRESS	CITY	STATE	ZIP
TELEPHONE NUMBER ()	SUPERVISOR'S NAME		SUPERVISOR'S TITLE
YOUR JOB TITLE	START DATE	END DATE	
RATE OF PAY _____ / _____ STARTING ENDING	REASON FOR LEAVING		
MAJOR RESPONSIBILITIES			

MAY WE CONTACT THE ABOVE EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
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MILITARY SERVICE

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DID YOU RECEIVE ANY SPECIAL TRAINING IN THE MILITARY WHICH RELATES TO THE POSITION FOR WHICH YOU ARE APPLYING?
VIET NAM ERA <input type="checkbox"/> YES <input type="checkbox"/> NO		
		RANK AT DISCHARGE

OTHER INFORMATION

**Required only if driving is part of your job description.*

* Do you have a valid California Driver License? <input type="checkbox"/> YES <input type="checkbox"/> NO	LICENSE NUMBER	EXPIRATION DATE
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EXCEPT FOR THE OFFENSE OF MINOR TRAFFIC VIOLATIONS OR POSSESSION OF LESS THAN AN OUNCE OF MARIJUANA FOR YOUR PERSONAL USE MORE THAN TWO YEARS AGO, HAVE YOU EVER BEEN CONVICTED OF A CRIME? <input type="checkbox"/> YES* <input type="checkbox"/> NO
IF YES, PLEASE STATE THE CIRCUMSTANCES AND THE CRIME FOR WHICH YOU WERE CONVICTED.
DO YOU HAVE A TRIAL PENDING FOR A CRIMINAL OFFENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO

**Conviction is not an automatic bar to employment. All circumstances will be considered.*

ARE YOU PRESENTLY TAKING ANY ILLEGAL DRUGS OR DRUGS WHICH HAVE NOT BEEN PRESCRIBED BY A DOCTOR? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT WOULD REQUIRE REASONABLE ACCOMMODATION IN ORDER TO PERFORM THE DUTIES OF THE JOB FOR WHICH YOU ARE APPLYING? <input type="checkbox"/> YES <input type="checkbox"/> NO
IF YES, PLEASE EXPLAIN:

EDUCATION

NAME OF SCHOOL	ADDRESS	COURSE OF STUDY	DID YOU GRADUATE?	DEGREE/CERTIFICATE DIPLOMA
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
VOCATIONAL SCHOOL				
OTHER				

SKILLS/EXPERIENCE

- WORD PROCESSING/TYPING (WPM) _____
- 10-KEY – BY TOUCH

KEY: BEGINNING INTERMEDIATE ADVANCED

WORD PROCESSING	SPREADSHEETS	GRAPHICS	DATABASE
<input type="checkbox"/> WORD B I A	<input type="checkbox"/> LOTUS B I A	<input type="checkbox"/> POWERPOINT B I A	<input type="checkbox"/> ACCESS B I A
<input type="checkbox"/> WORDPERFECT B I A	<input type="checkbox"/> EXCEL B I A	<input type="checkbox"/> HARVARD GRAPHICS B I A	<input type="checkbox"/> ACT B I A

ACCOUNTING PROGRAMS	E-MAIL PROGRAMS	CRAFT SKILLS	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> OUTLOOK OR OUTLOOK EXPRESS	<input type="checkbox"/> AUTO BODY WORK	<input type="checkbox"/> PAINTING
		<input type="checkbox"/> DRILL PRESS	<input type="checkbox"/> LATHE
		<input type="checkbox"/> WELDING	<input type="checkbox"/> SAND/MASK

FORKLIFT EXPERIENCE NUMBER OF YEARS _____

COUNTER PARTS EXPERIENCE NUMBER OF YEARS _____

TYPE OF FORKLIFT: _____

APPLICANT'S STATEMENT AND AGREEMENT

Please read the following statements carefully before signing.

I certify that the answers given by me to the foregoing questions and statements are true and correct and without omissions. I agree that **Raymond Handling Solutions** shall not be liable if my employment is terminated because of any misrepresentation, falsification of statements, answers or omissions made by me on this application, accompanying resume or other documentation. This will be cause for refusal to hire or for immediate dismissal from employment at any time during the period of my employment. ____ (Initial)

Permission is hereby granted to obtain verification of the statements made herein and to obtain references as approved by me. I authorize the references listed herein including schools, current employer (except as expressly noted) and past employer(s) and organizations named herein to release any and all information and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing and utilization of such information which is truthful, without malice, or made in good faith to you. ____ (Initial)

As a condition of employment, I agree that all information which I receive or have access to as a result of my employment which relates in any manner to the business activities, programs, concepts, designs, inventions or processes of **Raymond Handling Solutions** are to be treated by me as restrictive and trade secret information and are to be kept in confidence, and are not to be disclosed to any unauthorized person, firm or enterprise during or after my employment, or used by me in any manner outside the scope of my employment without limitation. ____ (Initial)

I understand that **Raymond Handling Solutions** may investigate my driving record as it relates to the specific job for which I am applying. Furthermore, I understand that I must pass both a drug test and a criminal background check in order for any offer of employment to be valid. ____ (Initial)

I understand that all offers of employment are conditional upon my providing satisfactory documentary proof of my identity and legal right to live and work in the United States. ____ (Initial)

I understand that nothing contained in this application or in the interview process is intended to create a contract between RHSI and myself for either employment or for the providing of any benefits. My employment and compensation is for no definite period of time and is terminable at-will, which means that either **Raymond Handling Solutions** or I may terminate the employment relationship at any time, for any reason whatsoever, with or without good cause at the option of either **Raymond Handling Solutions** or myself. This is the entire agreement between **Raymond Handling Solutions** and me concerning the term of employment, and supersedes any prior agreements that may have been made. The agreement may not be modified except by a written document signed by the President of **Raymond Handling Solutions**. ____ (Initial)

If you have any questions regarding this statement page, please ask Human Resources before signing.

I, the undersigned, have personally completed this application and hereby acknowledge that I have read the above statements and understand the same.

Signature: _____ Date: _____

**Please send a copy of the completed application to : Raymond Handling Solutions
9939 Norwalk Blvd.
Santa Fe Springs, CA 90670**

We appreciate your interest in considering employment with Raymond Handling Solutions.

VOLUNTARY APPLICANT SELF-IDENTIFICATION SURVEY

RAYMOND HANDLING SOLUTIONS, INC. is a federal government contractor. As a matter of Company policy as well as applicable law, we are required to keep records and perform certain analyses of our applicant pool by race, ethnicity and gender. Such analyses are only possible if we know the EEO profile of our applicants, so we request that you complete this survey and return it to us promptly.

Although the information which applicants provide does not at all affect their prospects for employment and is, in fact, treated very confidentially, it is nevertheless very important to us. For any statistical analysis to be meaningful, we must have information on as many applicants as possible and it is just as important to collect this information from men and from non-minorities as it is to obtain it from women and minority group members.

We appreciate that some applicants will find this request intrusive and we regret this. However, please be advised that we are required by the government to keep such records and perform such analyses. You may decline to disclose but your cooperation will allow us to be accurate.

In addition, information on county and state of residence, as well as on how you learned about the vacancy you applied for will assist us in our recruitment efforts.

The categories listed below are those used by the Office of Federal Contract Compliance Programs. Although some agencies have expanded these categories to permit multi-racial reporting, the OFCCP has not yet done so and, we regret, these are the only options we can offer at this time.

Check one only

Male _____ Female _____ Decline to disclose _____

Check one only

_____ White, not of Hispanic origin (includes persons of Middle Eastern descent)

_____ Black or African-American, not of Hispanic descent (includes Jamaican and West Indian)

_____ Hispanic or Latino (regardless of race)

_____ Asian (includes persons of the Far East, Southeast Asia or the Indian subcontinent)

_____ Native Hawaiian or other Pacific Islander

_____ American Indian/Alaskan Native

_____ Two or more races

_____ Decline to disclose

Name _____ Zip Code _____

County and State of residence _____

How did you learn of this vacancy? _____

If by advertisement, please give name and date of publication _____

Position applied for must be specified _____