

APPLICATION FOR EMPLOYMENT

PERSONAL		DATE							
Last Name		First Name	Midd	Middle Initial					
Present Address		City		State					
How long have you been at your present address?									
Zip Code	Home Phone	Cell Phone Email							
Are you legally authorized to work in the United States? Yes / No (Proof of eligibility will be required before you can be employed) Are you at least 18 years old? Yes / No									
What date are y	ou available to begin emplo	yment?							
Have you ever worked for or applied for a position at Mohawk? Yes / No If yes, when?									
Have you ever pled guilty to or been convicted of a felony or misdemeanor? Yes/No									
If Yes, please p	rovide details								
Do you have any criminal charges currently pending against you? Yes/No									
If Yes, please p	rovide details								
(Neither pending	charges nor a prior conviction is a basis in relation to	an automatic bar from e the duties and respons	mployment. Each case i	s considered or	an individual				
Do you currently	/ use illegal drugs? Yes/N	lo							
EDUCATION	N								
School	Name of School and Location (City/State)	Course of Study	# of Years/ Grade Completed	Diploma/ Degree	Currently Attending?				
High School			9 10 11 12		Yes/No				
Undergraduate					Yes/No				
Graduate					Yes/No				
Business, trade school or other classes					Yes/No				
REFERENCES List at least three references, (non-relative) Name and Address Occupation Telephone Number Relationship to you									

Mohawk provides equal employment opportunities (EEO) to all employees and applicants for employment without regard to race, color, religion, gender, sexual orientation, national origin, age, disability, genetic information, marital status, amnesty status as a covered veteran, or any other protected characteristic in accordance with applicable federal, state and local laws.

EMPLOYMENT DATA

the Company.

Give employment record as completely as possible starting with most recent employer (include military service). You may attach a resume in addition to completing this section.

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Employer name, address	Date from	Date to	Na	Nature of work/title	
	Full time?	Name of imm	adiata augustiaan	December lessing (if not	
Phone Number May we contact this employer?	Full-time?	time? Name of immediate		Reason for leaving (if not currently employed there)	
Employer name, address	Date from	Date to	rate to Nature of work/title		
Phone Number May we contact this employer?	Full-time?	Name of immediate supervisor		Reason for leaving (if not currently employed there)	
Employer name, address	Date from	Date to	o Nature of work/title		
Phone Number May we contact this employer?	Full-time?	Name of immediate supervisor		Reason for leaving (if not currently employed there)	
Please explain any break in empl	oyment between	the positions a	above.		
List membership(s) in professiona	al, job related org	anizations.			
List any active professional, techr	nical, occupationa	al licenses or c	ertificates and re	gistrations you now hold.	
WORK PREFERENCES Type of employment desired? Full t	ime Summe	er Part	time Will yo	ou work shifts?	
For what type of position/work are yo				ed Salary	
Describe all relevant machinery, equ	ipment, computer s	software, etc. yo	u have operated.		
As an applicant for employment w with the following:	ith Mohawk Fine I	Papers Inc. and	d any subsidiaries	s, I understand and agree	
By my signature below, I certify that a and incorporated by reference into th information I provide during the hiring and complete and I authorize the Cor Misrepresentation or falsification of in by me in connection with my applicat rejection of my application and/or for including immediate termination of er the timing or circumstances of discovery.	is application and all of grocess is true, accumpany to investigate soformation or omission are grounds for discipline up to and apployment, regardless	other emplo urate for any uch. Components notice assura	Neither this application nor an offer of employment is an employment contract. If hired, employment is not guaranteed for any term, and my employment may be terminated by the Company or myself at any time for any reason without prior notice. No management official is authorized to make any oral assurance or promise of continued employment. An offer of employment is conditioned satisfactory completion of a medical examination and satisfactory background check.		
 If my application for employment is are of my employment shall be the time I am employed, I agree to comply with safety and health rules and regulation 	actually begin to work and be bound by the	^{a. If I} Signa	Signature		

Revised 12.1.2017

Date_____