



Nudo Products, Inc.
 1500 Taylor Avenue
 Springfield, IL 62703
 (217)-528-5636

Legal Last Name	Legal First Name	MI	Nickname	E-Mail address			Date of application		
Street address				Type(s) of work desired			Social Security number		
City		State		ZIP		Home telephone ()		Cell telephone ()	
How were you referred to Nudo Products? (Circle only one.)	A. <input type="checkbox"/> By your college	B. <input type="checkbox"/> Advertisement	C. <input type="checkbox"/> Employment Agency	D. <input type="checkbox"/> By an employee	If so, give name: <input type="checkbox"/> Friend <input type="checkbox"/> Relative	E. <input type="checkbox"/> Open house/ Career Fair	F. <input type="checkbox"/> Walk-ins	G. <input type="checkbox"/> Other	

Please read carefully and complete online or please print in black ink or type the information, sign and return the application.

An Equal Opportunity Employer

We are an equal opportunity employer. We do not base our employment decisions on an employee's or applicant's race, color, religion, sex, sexual orientation, age, national origin, physical or mental disability, medical condition, use of guide or support animal, veteran status, marital status or any other consideration made unlawful by federal, state or local laws. Therefore, information provided on this application will not be used for any discriminatory purpose. Any applicant who requires accommodation during the application process or to perform the essential functions of the job for which they are applying should contact the Human Resources representative at the site of your interview.

Provide all information requested.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR EMPLOYMENT OPPORTUNITIES. Your complete application form will be maintained in our active files for six (6) months from the date of application.

Educational History

School Name	Location (city, state)	Major course or subject	Dates attended		Graduated		Degree & GPA
			From	To	Yes	No	
High School					<input type="checkbox"/>	<input type="checkbox"/>	
Trade/Technical (after high school)					<input type="checkbox"/>	<input type="checkbox"/>	
College (list all attended)					<input type="checkbox"/>	<input type="checkbox"/>	
Other education/training					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Employment Record

List all previous employers starting with the current or most recent. Include self-employment and summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but you must complete this application as well.

Last or present company		Type of business	Position Title or job classification
Street address		Phone Number	Brief Description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Salary: Start	Dates Worked: From		
End	To		<i>(If this was a contract or temporary position, please state company name & phone number)</i> Contract Company Phone Number
Reason for leaving			

Company		Type of business	Position Title or job classification
Street address		Phone Number	Brief Description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Salary: Start	Dates Worked: From		
End	To		<i>(If this was a contract or temporary position, please state company name & phone number)</i> Contract Company Phone Number
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Street address		Phone Number	Brief Description of job duties
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Supervisor's name		Phone number	
Salary: Start	Dates Worked: From		
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Salary: Start	Dates Worked: From		
End	To		<i>(If this was a contract or temporary position, please state company name & phone number)</i> Contract Company Phone Number
Reason for leaving			

Please explain any gaps in your employment history:

Professional memberships, certificates, or licenses held

Special Skills

<i>(To be completed by applicant for office/clerical work)</i>		<i>(To be completed by applicant for shop/plant work)</i>	
Typing <input type="checkbox"/> Yes <input type="checkbox"/> No	Words per minute:	Type(s) of machines operated	Years experience
Dictation <input type="checkbox"/> Yes <input type="checkbox"/> No	Words per minute:		Type?
Computer skills:		Served Apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Other
Please list other skills and/or equipment/language experience you have acquired:		List other shop/production skills:	

Professional/Work References

List two past supervisors and one person who is not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/Relationship	Address (street, city, state, ZIP code)	Phone no. (Including area code)	Email Address	Occupation

Are you currently employed? Yes No

Are you on layoff subject to recall? Yes No

May we contact your present employer? Yes No

Wage or salary desired? If an offer is extended, when will you be available to begin working?

Are you able to work Full Time Part Time Shift Work Temporary

Are you over 18 years of age? Yes No

Are you legally eligible to work in the U.S.? Yes No
(If hired, you will be required to provide proof of identity and employment eligibility.)

Have you ever applied for employment at Nudo Products, Inc? Yes No

Are you willing to work overtime as required? Yes No

Are there any hours, shifts or days you cannot or will not work? If yes, please list days and times:



VOLUNTARY EEO DISCLOSURE FORM

Nudo Products, Inc. is committed to the provision of equal opportunity employment for all qualified persons in all job classifications in recruitment, selection and promotion without regard to race, color, religion, gender, national origin, age, disability, military status or veteran status. Completion of this form will assist us in complying with federal regulations and other applicable legal requirements. Submission of this information is voluntary and is not considered in employment decisions. This form will be kept separate from the employment application, and is considered confidential.

Date:		Position Applied For (You must apply for a current opening):
Applicant's Name: (First, Middle, Last)		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race/Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Two or more races	Disability or Veteran Status: <input type="checkbox"/> Individual with Disability <input type="checkbox"/> Veteran of the Vietnam Era <input type="checkbox"/> Other Protected Veteran

Signature	Date
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Race/Ethnicity Classifications:

<p>Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</p> <p>Black or African American: A person having origins in any of the Black racial groups of Africa.</p> <p>Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</p>	<p>White: A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.</p> <p>Native Hawaiian or Other Pacific Islander: A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</p> <p>American Indian or Alaska Native: A person having origins in of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.</p> <p>Two or More Races: All persons who identify with more than one of the above five races.</p>
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Disability or Veteran Status Qualifications

Individual with Disability: A person who, generally, (i) has a physical or mental impairment that substantially limits one or more of his or her major life activities, (ii) has a record of such impairment, or (iii) is regarded as having such an impairment. An individual is 'substantially limited' if he or she is unable to perform a major life activity that the average person in the general population can perform, or is significantly restricted as to the condition, manner or duration under which a person can perform a particular major life activity as compared to the condition, manner, or duration under which the average person could perform the same activity.

Veteran of the Vietnam Era: A person who (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, in the republic of Vietnam between February 28, 1961 and May 7, 1975, and was discharged or released therefrom with other than a dishonorable discharge, or (ii) served on active duty in the U.S. military, ground, naval, or air service for a period of more than 180 days, any part of which occurred between August 5, 1964 and May 7, 1975 and was discharged or released therefrom with other than a dishonorable discharge, or (iii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or in another place between August 5, 1964 and May 7, 1975.

Other Protected Veteran: Any other veteran who served on active duty in the U.S. military, ground, naval, or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, other than disabled veterans or veterans of the Vietnam era.

If any of your Educational or Employment records are under other than the above name, Please Provide Other names & Dates.

Name _____

Dates _____

Name _____

Dates _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that false statements, omissions or misrepresentations on this application or during the hiring process may result in rejection of my application or dismissal if I have been employed, no matter when discovered by the Company.

I authorize the Company to make an investigation of any of the facts set forth in this application and release Nudo Products, Inc. from any liability. Specifically, I authorize the Company to personally contact my former employers and references to obtain relevant information about my qualifications for employment. I, hereby, release and authorize my former employers and references to provide lawful information about me to the Company.

I understand that nothing contained in this application, or conveyed during any interview which may be granted, is intended to create an employment contract. I further understand that if I am hired, my employment will be "at-will," which means that it is for no definite period and either I or the Company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute.

I understand that employment is contingent upon my providing proof of my identity and employment eligibility in the United States in compliance with the employment verification requirements of the Immigration Reform and Control Act.

I understand that the Company will only consider this application for six (6) months, and that I will have to complete a new application if I want to be considered for employment after that period of time.

Date

Signature