



## APPLICATION FOR EMPLOYMENT





AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

# APPLICATION FOR EMPLOYMENT

PERSONAL	Last Name			First Name			Middle Initial			Date of Application:		
	Address:		Street	City	State	Zip	County			Home Phone Number		
	Previous Address:		Street	City	State	Zip	County			Other Phone Number (Cell, etc)		
	List any other names we may use to verify your employment, educational records or other information.									E-Mail Address		
	Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO						Are you lawfully authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment) <input type="checkbox"/> YES <input type="checkbox"/> NO					
POSITION	Position you are applying for						Wages/Salary Desired			Date available to start work		
	Type of employment desired <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp			Are you willing to travel <input type="checkbox"/> No <input type="checkbox"/> Yes - _____ %			Do you have geographic restrictions in work location? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____					
BACKGROUND	Were you previously employed by Broadwind Energy or any subsidiary, division or affiliate? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify _____						Dates employed : FROM: _____ TO: _____					
	Position/Title						Reason for leaving					
	In the last 7 years, have you been convicted of any felony or misdemeanor <i>NOTE: Conviction record will not necessarily bar employment.</i> <input type="checkbox"/> YES. IF yes, explain fully on an attached sheet and include the dates of conviction, court, state, county, nature of crime, and circumstances involved. <input type="checkbox"/> NO. Applicants seeking employment in certain states need not disclose sealed or expunged records of conviction.											
	U.S. Military Service? <input type="checkbox"/> No <input type="checkbox"/> Yes - Date Discharged _____						Skills acquired during military service:					
EDUCATION	Name of School		City and State			Did you graduate? If no, highest level completed		GPA		Major/Degree(s)		
	High School					<input type="checkbox"/> YES <input type="checkbox"/> NO						
	College/University					<input type="checkbox"/> YES <input type="checkbox"/> NO						
	Graduate or Professional					<input type="checkbox"/> YES <input type="checkbox"/> NO						
	Training/Vocational Programs					<input type="checkbox"/> YES <input type="checkbox"/> NO						
	Other (GED, Etc.)					<input type="checkbox"/> YES <input type="checkbox"/> NO						
List Extracurricular activities and honors - (Omit those which may disclose your race, religion, creed, color, national origin, ancestry, gender, disability, marital status, age, sexual orientation, military or veteran status, ethnicity, or disclose your association or involvement with any such organization, or union affiliation) Use additional sheets if necessary.												
SKILLS AND CERTIFICATIONS	<b>SPECIAL SKILLS OR TRAINING</b>											
	Office Equipment Operated									Typing WPM / Shorthand WPM		
	Computer Software - Specify applications with which you have a working knowledge, indicating proficiency (Beginner, Intermediate, Advanced)											
	Lab, process or other technical / industrial equipment operated											
	List foreign languages in which you have working skills / fluency											
	List current professional certificates, licenses and registrations - include state, branch, certificate number and expiration date											
List job-related memberships in professional or civic organizations, clubs, societies, associations - (Omit those which may disclose your race, religion, creed, color, national origin, ancestry, gender, disability, marital status, age, sexual orientation, military or veteran status, ethnicity, or disclose your association or involvement with any such organization, or union affiliation) Use additional sheets if necessary.												

Please give an accurate and complete record of all previous full-time, part-time and temporary employment and/or internships, etc. If necessary, attach a separate sheet to list additional employers or to provide a detailed explanation to outline any special experience obtained in any of these positions. List employers in chronological order, beginning with your most recent or current employer. Do not write "See Resume."

EMPLOYMENT HISTORY

<b>EMPLOYMENT DATES</b>	Company Name	Type of Business	Position Held	
FROM - Month / Year			<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temp	
TO - Month / Year	Address, City, State, Zip Code		Supervisor's Name and Title	
<b>SALARY</b>				
Beginning	Brief description of your major responsibilities			
\$				
Ending	Detail Bonus or Other Compensation	Reason for leaving	May we contact this employer?	
\$			<input type="checkbox"/> No <input type="checkbox"/> Yes	

  

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<b>SALARY</b>				
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\$				
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\$			<input type="checkbox"/> No <input type="checkbox"/> Yes	

  

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TO - Month / Year	Address, City, State, Zip Code		Supervisor's Name and Title	
<b>SALARY</b>				
Beginning	Brief description of your major responsibilities			
\$				
Ending	Detail Bonus or Other Compensation	Reason for leaving	May we contact this employer?	
\$			<input type="checkbox"/> No <input type="checkbox"/> Yes	

MOTOR VEHICLE POSITIONS

N/A   **APPLICATION FOR POSITIONS THAT REQUIRE DRIVING A COMMERCIAL VEHICLE MUST COMPLETE THIS SECTION**

Provide information for the previous 3 years (10 years for operators of a "commercial motor vehicle"). If more space is needed, attach a separate sheet. List *all* expired driver's licenses, permits, numbers, issuing states and expiration dates.

Driver's License Number	State	Expiration Date
Class of Equipment	Type of Equipment	Date - FROM      TO
		Approximate number of total commercial miles

Has your driver's license ever been denied, revoked or suspended.  
 No    Yes - Give details

Vehicle Type	v	Years Exp.	License Number	Issuing State	Expiration Date
Straight Truck					
Tractor					
Twin - Trailers					
Bus					
Semi-Trailer					

**LIST ALL MOTOR VEHICLE ACCIDENTS FOR THE LAST 3 YEARS - OMIT PARKING VIOLATIONS**

List all accidents where applicant was the operator, regardless of fault, or whether it occurred while driving a personal or commercial vehicle. Describe any Fatalities, Injuries, and/or Property Damage resulting from accident.

DATE	OFFENSE	DESCRIBE FATALITIES OR INJURIES LIABILITY COST	TYPE OF VEHICLE OPERATED

REFERENCES	List three persons, other than relatives or personal friends, who have knowledge of your work experience and/or education.			
	Name	Title	Mailing Address	Phone

Please list any relatives working for Broadwind Energy or any subsidiary company and their relationship to you.

REFERRAL SOURCE	<input type="checkbox"/> Newspaper Ad, specify _____		<input type="checkbox"/> Employee, name _____	
	<input type="checkbox"/> Job Fair, specify _____		<input type="checkbox"/> Relative, name _____	
	<input type="checkbox"/> Internet, specify site _____		<input type="checkbox"/> Friend, name _____	
	<input type="checkbox"/> Walk - In _____		<input type="checkbox"/> College Placement Service _____	
	<input type="checkbox"/> Recruiting Agency _____		<input type="checkbox"/> Temporary Agency, name _____	
	<input type="checkbox"/> Employment Security Commission _____		<input type="checkbox"/> State Job Service _____	
	<input type="checkbox"/> America's Job Bank _____		<input type="checkbox"/> Other, explain _____	

PLEASE READ CAREFULLY BEFORE SIGNING

I understand that all answers given by me are true, accurate and complete. I understand that the falsification, misrepresentation or omission of fact on this application (or any other accompanying or required documents) will be cause for denial of employment or immediate termination of employment, regardless of when or how discovered.

I understand that a background investigation of all statements and information contained in this application will be conducted.

I understand that I must successfully pass a pre-employment substance screening process.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of Broadwind Energy. I understand that any employment offered is for an indefinite duration and "at will" and that either Broadwind Energy Inc. or I may terminate my employment at any time with or without notice or cause.

I hereby agree to forever release and discharge Broadwind Energy Inc. or their agent and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses or any other charge or complaint arising from the receiving and reporting of information.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date