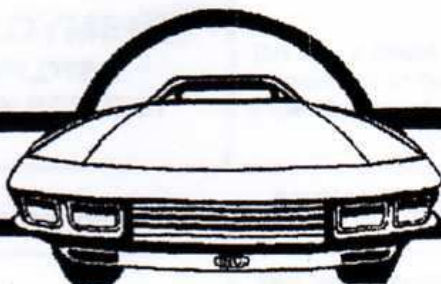


APPLICATION FOR
MEDICAL OFFER

BLUE ASH



AUTO BODY

11110 Lushek Dr. Cincinnati, OH 45241 Phone: 513-489-0313

EMPLOYMENT APPLICATION FORM

DEAR APPLICANT:

PLEASE READ THIS PAGE AND ALL SUCCEEDING PAGES CAREFULLY BEFORE YOU BEGIN TO FILL OUT THE APPLICATION FORM FOR EMPLOYMENT. YOUR FAILURE TO DO SO MAY LESSEN YOUR CHANCES OF PROPERLY UNDERSTANDING OUR HIRING POLICIES AND THE APPLICATION FORM ITSELF.

DECLARATION

BE IT KNOWN AND RECOGNIZED, THAT ON THE DATE OF THE WRITING OF THIS POLICY OF COMPLIANCE, THE CORPORATION IS EXEMPTED FROM MANY SECTIONS OF THE HEREIN REFERENCED LAWS AND REGULATIONS ON THE BASIS OF THE NUMBER OF INDIVIDUALS IN ITS EMPLOY. The job description that you will be offered in PHASE 2, has been developed in accordance with PUBLIC LAW 101-336 generally known as the AMERICAN DISABILITIES ACT of 1990 hereinafter referred to as ADA, this act is congruent in its actions with the CIVIL RIGHTS ACT of 1964 (as amended) and the CONTROLLED SUBSTANCES ACT, and where applicable the DRUG FREE WORKPLACE ACT of 1988.

PHASE 1

We normally accept applications for employment even though we do not currently have any vacant job opportunities. When we do have employment opportunities we still take the time to interview as many candidates as possible for any existing or forthcoming vacancy. It is therefore advantageous for any applicant to complete all the forms as accurately as possible. Applications are then placed on file pending the scheduling of an interview with the applicant(s) whose application is selected.

PHASE 2

Once an applicant or applicants are selected, we then notify them by phone at the number indicated on their application and schedule and interview, at which time the applicant will be given a detailed written job description, which will form the basis of the interview. If the phone number on the application is still valid we will make a reasonable attempt to contact the applicant, if the number is no longer valid the application will be placed in an inactive file. Before the interview is actually conducted the applicant will be requested to complete additional forms.

PHASE 3

The successful applicant from PHASE 2 will then receive a conditional offer of employment. The applicant may be required to take a physical examination, if the position that is being applied for requires one. If still successful after a required physical examination then the applicant will be further acquainted with company policies. The company reserves the right to verify all statements made by the applicant on all the forms attached to and part of this application. Any false statements of commission or omission shall be just cause for withdrawing the offer of employment or termination of employment if discovered at any later date.

APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER
PRE-EMPLOYMENT INFORMATION REQUEST

NOTICE

This form is invalid as a stand alone document. It must be attached to and become part of the employee job description acknowledgment form, for a specific job and which must also be completed in full by both parties.

PERSONAL INFORMATION DATE _____ SOCIAL SECURITY NUMBER _____ / ____ / ____

PLEASE PRINT CLEARLY

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

ALTERNATE OR OTHER ADDRESS

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

ALTERNATE OR EMERGENCY
PHONE _____

ARE YOU EITHER, A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO
WORK IN THE UNITED STATES?

(CHECK ONE)

CITIZEN _____ ALIEN _____ AUTHORIZED yes ___ no ___

ARE YOU INSURABLE TO DRIVE VEHICLES IN THE STATE OF
OHIO? YES ___ NO ___ IF NO, EXPLAIN:

DO YOU HAVE A VALID OHIO LICENSE TO DRIVE?
YES ___ NO ___ IF YOU ANSWERED NO EXPLAIN:

TYPE OF EMPLOYMENT THAT YOU DESIRE?

POSITION TITLE _____ JOB CODE FROM JOB DESCRIPTION SHEET _____

HAVE YOU EVER APPLIED FOR EMPLOYMENT AT BLUE ASH AUTO BODY INC. BEFORE? YES ___ NO ___ IF YOU ANSWERED YES
THEN WHEN? _____.

ARE YOU PRESENTLY EMPLOYED? YES ___ NO ___ IF YOU ARE, MAY WE CONTACT YOUR EMPLOYER?

HAVE YOU WORKED FOR BLUE ASH AUTO BODY INC., BEFORE ? YES ___ NO ___ IF YOU ANSWERED YES, THEN WHEN

DATES. FROM _____ TO _____ AND REASON FOR LEAVING. _____

DO YOU HAVE ANY RELATIVES, FRIENDS, OR ACQUAINTANCES WHO WORK AT BLUE ASH AUTO BODY INC.

IF YES, THEN WHICH? _____ NAME _____

DATE THAT YOU CAN BEGIN WORK IF HIRED? _____ SALARY DESIRED \$ _____ WK.—MO.—YR.

ARE YOUR SALARY REQUIREMENTS NEGOTIABLE? YES ___ NO ___

ARE YOU WILLING TO COMPLETE A CAREER GOALS QUESTIONNAIRE? YES ___ NO ___

DO YOU UNDERSTAND AND AGREE THAT YOU MAY BE REQUIRED TO TAKE A PHYSICAL EXAMINATION AS A CONDITION OF BEING
HIRED OR, IF HIRED THEN AS A CONDITION OF CONTINUED EMPLOYMENT? YES ___ NO ___.

HAVE YOU BEEN CONVICTED OF A FELONY OR A MISDEMEANOR WITHIN THE LAST FIVE YEARS? YES ___ NO ___ IF YES PLEASE
EXPLAIN. _____

YOU WILL NOT BE DENIED EMPLOYMENT EXCLUSIVELY ON THE BASIS OF A CONVICTION RECORD, UNLESS IT IS RELATED TO THE WORK FOR WHICH YOU HAVE APPLIED.

EDUCATION

NAME AND LOCATION OF SCHOOL OR TRAINING ACTIVITY. Include all verifiable educational events for which you either have certificates or for which you have other documentation.

SCHOOL: NAME _____ LOCATION _____
 YEARS ATTENDED _____ GRADUATED: YES ___ NO ___ SUBJECTS _____

HIGH SCHOOL: NAME _____ LOCATION _____
 YEARS ATTENDED _____ GRADUATED: YES ___ NO ___ SUBJECTS _____

COLLEGE: NAME _____ LOCATION _____
 YEARS ATTENDED _____ GRADUATED: YES ___ NO ___ SUBJECTS _____

SPECIAL COURSES

NAME _____ DATE _____

LOCATION _____ COMPLETED, YES ___ NO ___

NAME _____ DATE _____

LOCATION _____ COMPLETED, YES ___ NO ___

NAME _____ DATE _____

LOCATION _____ COMPLETED, YES ___ NO ___

NAME _____ DATE _____

LOCATION _____ COMPLETED, YES ___ NO ___

* The Age Discrimination in Employment Act of 1967 disallows discriminatory practices on the basis of age, relative to individuals 40 years of age or older.
 ** The Americans with Disabilities Act of 1992, prohibits discrimination with respect to handicapped individuals who are covered under the Act.

MILITARY AND / OR PUBLIC SERVICE OBLIGATIONS
 DESCRIBE STATUS IN ALL CATEGORIES

FORMER EMPLOYERS LIST THE LAST THREE EMPLOYERS BEGINNING WITH THE MOST RECENT.

DATES	NAME ADDRESS AND CONTACT	SALARY	POSITION	REASON FOR LEAVING
FROM TO				
FROM TO				
FROM TO				

REFERENCES: PLEASE PROVIDE THE NAMES OF AT LEAST 3 PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR. ALL OF THESE REFERENCES WILL BE VERIFIED.

NAME	ADDRESS	BUSINESS OR PROFESSION	LENGTH OF ACQUAINTANCE

EMERGENCY NOTIFICATION

NAME _____ ADDRESS _____ PHONE _____

ALTERNATE

NAME _____ ADDRESS _____ PHONE _____

IS THERE ANYTHING MORE THAT YOU CAN TELL US ABOUT YOURSELF THAT WOULD HELP US TO MAKE A REALISTIC DECISION?

DO WE HAVE YOUR PERMISSION TO VERIFY YOUR **CREDIT RATING**? YES ___ NO ___

WILL WE NEED TO MAKE PAYROLL DEDUCTIONS ON BEHALF OF A THIRD PARTY? YES ___ NO ___

"I CERTIFY THAT THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND I UNDERSTAND THAT, IF I AM EMPLOYED THAT ANY INFORMATION THAT PROVES TO BE FALSE OR MISLEADING WILL BE JUST CAUSE FOR THE TERMINATION OF THE EMPLOYMENT RELATIONSHIP.

I ALSO AUTHORIZE THE INVESTIGATION OF ALL THE STATEMENTS MADE HEREIN AND ALSO AUTHORIZE THE REFERENCES INDICATED ABOVE TO PROVIDE YOU WITH ANY AND ALL INFORMATION, CONCERNING MY PREVIOUS EMPLOYMENT, AND ANY PERTINENT INFORMATION THAT THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE AND HOLD HARMLESS ALL PARTIES FROM ANY LIABILITY OR DAMAGES THAT MAY RESULT FROM THE EXCHANGE OF SUCH INFORMATION.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS NOT FOR ANY SPECIFIED PERIOD OF TIME AND MAY BE TERMINATED AT WILL BY EITHER PARTY, AND WITHOUT NOTICE, REGARDLESS OF THE DATE OF PAYMENT OF WAGES OR SALARY >

SIGNATURE _____ DATE _____

NOTICE TO INTERVIEWER: GO TO THE COVER PAGE OF THE RELATED JOB DESCRIPTION EVEN IF IT WAS NOT PART OF THIS SESSION AND FILL IN THE LEFT HAND COLUMN.