



MERLIN STELZER SALES CO., INC.

4109 PAPIN STREET
ST. LOUIS, MISSOURI 63110
Phone:(314)535-7540

To Applicant: Please read this carefully before answering the following questions:

APPLICANTS ARE CONSIDERED FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, OR THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP. YOU ARE ONE OF MANY APPLICANTS APPLYING FOR THIS POSITION AND YOU WILL BE EVALUATED ON AN EQUAL BASIS WITH ALL. YOU MAY THEREFORE ELECT TO NOT ANSWER ANY OF THE FOLLOWING QUESTIONS:

APPLICATION FOR EMPLOYMENT

FULL NAME: _____ PREFER TO BE CALLED: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____
PHONE #: () _____ IN EMERGENCY NOTIFY: _____
RELATIONSHIP: _____ PHONE:() _____
HOW LONG HAVE YOU LIVED IN THIS AREA? _____
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U.S.A.? _____
DRIVERS LICENSE #: _____ SOCIAL SECURITY #: _____
POSITION APPLIED FOR: _____
PAY/SALARY DESIRED: \$ _____ PER _____.
DATE AVAILABLE TO START: _____ ARE YOU CURRENTLY EMPLOYED? _____ IF SO, MAY WE CONTACT YOUR PRESENT EMPLOYER? _____ HIGH SCHOOL ATTENDED? _____
CITY: _____ DID YOU GRADUATE? _____ AVERAGE GRADES: _____
COLLEGE ATTENDED: _____ CITY: _____
OF YEARS ATTENDED: _____ DATES: _____
MAJOR: _____ MINOR: _____ DID YOU GRADUATE? _____
DEGREE? _____ AVERAGE GRADES: _____
TRADE SCHOOL ATTENDED: _____ CITY: _____
SUBJECT: _____ GRADES: _____ YEARS ATTENDED: _____
HAVE YOU TAKEN ANY SPECIAL COURSES/CLASSES THAT MAY HELP IN THIS POSITION?

ARMED SERVICES: _____ RANK ATTAINED: _____ DATES: _____
TYPE DISCHARGE: _____ DO YOU HAVE ANY HOBBIES? _____

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DO YOU HAVE ANY CONDITIONS THAT MAY PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____ IF SO, PLEASE ANSWER THE FOLLOWING:

DO YOU, OR HAVE YOU HAD: HERNIA? _____ BACK TROUBLES? _____ SURGERY? _____
(Other or Explain: _____)

HAVE YOU HAD ANY SERIOUS INJURY OR ILLNESS IN THE LAST 3 YEARS? _____ (IF SO, EXPLAIN: _____)

DO YOU HAVE ANY IMPAIRMENT OF: HEARING? _____ SPEECH? _____ VISION? _____
(IF SO, EXPLAIN: _____)

DO YOU CURRENTLY HAVE YOUR OWN TRANSPORTATION? _____ HAS YOUR LICENSE EVER BEEN SUSPENDED OR REVOKED? _____ (IF SO, EXPLAIN: _____).

HAVE YOU EVER BEEN ARRESTED FOR DRIVING WHILE INTOXICATED? _____ CONVICTED? _____
IN THE PAST 4 YEARS I HAVE RECEIVED TRAFFIC TICKETS FOR: (How many?) _____ MOVING VIOLATIONS, AND _____ NON-MOVING VIOLATIONS.

ARE YOU WILLING TO SUPPLY US WITH A RECENT CRIMINAL AND DMV REPORT? _____

DO YOU KNOW HOW TO DRIVE A STICK SHIFT VEHICLE? _____

DO YOU HAVE A CHAUFFER'S LICENSE? _____ CLASS? _____

WOULD YOU MIND OCCASIONALLY PERFORMING JOB FUNCTIONS THAT DIFFER FROM THOSE YOU WERE HIRED FOR? _____

DO YOU HAVE ANY OBJECTIONS TO OCCASIONALLY WORKING ON WEEKENDS OR AT NIGHT? _____ OCCASIONAL OVERTIME? _____

DO YOU HAVE ANY OBJECTIONS TO WORKING IN A SMOKE-FREE ENVIRONMENT? _____ DO YOU SMOKE? _____

DO YOU HAVE ANY OBJECTIONS TO A PHYSICAL AND/OR DRUG TESTING AT OUR EXPENSE? _____

DO YOU HAVE, OR HAVE YOU HAD, ANY PRIOR PROBLEMS WITH ALCOHOL OR DRUGS? _____ EXPLAIN: _____

DO YOU HAVE ANY OBJECTIONS TO US PERFORMING A CREDIT SEARCH ON YOU? _____

DO YOU HAVE ANY OBJECTIONS TO SIGNING A CONFIDENTIALITY AGREEMENT (2 YEAR-100 MILE) AS A CONDITION OF EMPLOYMENT? _____

HAVE YOU EVER APPLIED TO OUR COMPANY BEFORE? _____ IF SO, WHEN: _____
FOR WHAT POSITION: _____

HOW DID YOU LEARN OF THIS JOB OPENING? _____

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EMPLOYMENT HISTORY... (List most recent employment first)

Company: _____ City: _____ State: _____
 Phone #:() _____ Contact: _____
 From: _____ to _____ Starting rate: \$ _____
 Ending rate:\$ _____ Starting Position _____ Ending: _____
 Did you have: Health Insurance? _____ Life Insurance? _____ Dental? _____ Disability? _____
 Vision? _____ How much did you co-pay per month? \$ _____
 Did you have: Profit Sharing? _____ Retirement Plan? _____ IRA? _____
 What % was paid by the Company? _____
 # days missed in the last year worked: _____ Sick _____ Personal _____ Other ...
 Prior year? _____ Sick _____ Personal _____ Other.

Company: _____ City: _____ State: _____
 Phone #:() _____ Contact: _____
 From: _____ to _____ Starting rate: \$ _____
 Ending rate:\$ _____ Starting Position _____ Ending: _____
 Did you have: Health Insurance? _____ Life Insurance? _____ Dental? _____ Disability? _____
 Vision? _____ How much did you co-pay per month? \$ _____
 Did you have: Profit Sharing? _____ Retirement Plan? _____ IRA? _____
 What % was paid by the Company? _____
 # days missed in the last year worked: _____ Sick _____ Personal _____ Other ...
 Prior year? _____ Sick _____ Personal _____ Other.

Company: _____ City: _____ State: _____
 Phone #:() _____ Contact: _____
 From: _____ to _____ Starting rate: \$ _____
 Ending rate:\$ _____ Starting Position _____ Ending: _____
 Did you have: Health Insurance? _____ Life Insurance? _____ Dental? _____ Disability? _____
 Vision? _____ How much did you co-pay per month? \$ _____
 Did you have: Profit Sharing? _____ Retirement Plan? _____ IRA? _____
 What % was paid by the Company? _____
 # days missed in the last year worked: _____ Sick _____ Personal _____ Other ...
 Prior year? _____ Sick _____ Personal _____ Other.

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(Please complete information under all fields listed below, even if you are not applying for that position...)

CONCRETE CUTTERS: Place an X if you have or have had: _____ Back problems
_____ Claustrophobia _____ Fear of Heights _____ Balance problems

Are you, or have you been, a Trade Union member? _____ Which? _____

When? _____ Can you carry 90 lbs.? _____

Place an X if you have experience in: _____ Welding?, _____ Brazing?, _____ Cutting Torch?,
_____ Power Tools?, _____ Minor Electrical Repairs?, _____ Mechanical Skills?,
_____ Machine Shop?, _____ Construction Work? (doing what? _____)

OFFICE/CLERICAL POSITIONS:

Place an X by applicable skills and complete speed under WPM

_____ Typing @ _____ WPM - _____ Touch Calculator? - _____ Word Processor - _____ Spread Sheets?
_____ Filing? _____ A/R? _____ A/P? _____ Collections? _____ Customer Service? _____ Data Entry?
_____ Phone Solicitation? _____ Drafting Letters? _____ P/C Troubleshooting? _____ Web Design?
_____ Flyer Development? _____ Network Maintenance? _____ Other (Explain:)

SALES:

Indicate preference: Outside? _____ Inside? _____ Telemarketing? _____ Independent Rep? _____

Pay on Commission? _____ Straight Salary? _____ Combination? _____

List any Special Sales Related Courses Taken: (Date, Name, subject)

List any related special achievements: (Give Date, Organization & Reason)

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MECHANICS:

Indicate Experience: 2 cycle gas, 4 stroke air cooled gas, Diesels,
 Automotive Engines, Wiring, Brakes, Hydraulics, Welding,
 Rebuild Carburetors, Complete Engine Rebuild, Tune-ups, Oil Changes,
 Record Keeping & Preventive Maintenance.

*** ALL APPLICANTS MUST READ AND COMPLETE THE FOLLOWING...***

I authorize Merlin Stelzer Sales Co., Inc. to investigate and acquire pertinent documentation in order to verify that all statements and information presented on this application are true and correct and I hereby release Merlin Stelzer Sales Co., Inc. and any supplying source from any liability as a result of such information. I understand that misrepresentation or falsification of the information given on this form will be just cause for dismissal. Further, I understand and agree that if hired, my employment will be for no definite period of time, and may, regardless of the date of payment of my wages and/or salary, be terminated "At Will", at any time, and without notice. All employment offered will be conditional on a confidentiality agreement being accepted; the taking and acceptable results of an employment physical, drug screening, and criminal background check; and the understanding that all employment is on a 10 week initial trial period, which once successfully completed, will make benefits available to me per the conditions of the Company Policy and any written agreements upon hiring. Only written promises made by the employer will be enforceable. Should employment be terminated prior to my 10 week trial period, I agree to allow a payroll deduction for the costs of my physical and drug test.

Printed Name

Signature

Date