



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. If an accommodation is needed during the recruitment, assessment and selection process, please contact Human Resources.

Position(s) Applied For	Date of Application
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Last Name	First Name	Middle Name
Address (street, city, state, zip)		Email
Telephone Number(s)		Social Security Number (USA candidates)/Social Insurance Number (Canada candidates)

Are you legally eligible to be employed in this country? YES NO
(If no, you may be required to provide authorization to work.)

Are you 18 years or older? YES NO

Do you have any relatives or friends who work for the Company? YES NO
If yes, who and where do they work? _____

Are you available to work at 12 hour rotating shift? YES NO

What are your salary expectations? _____

Are you available to work: DAYS NIGHTS WEEKENDS FULL TIME
If you cannot work full time, please explain:

Days and Hours Available:(If employed, notification must be provided in writing should availability change.)

Days	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							

Can you travel if the job requires it?

YES NO

Are you presently employed?

YES NO

If yes, may we contact your employer?

YES NO

If presently employed, why are you considering leaving?

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying?

YES NO

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

Military Service
Active Duty from: _____ To: _____ Rank: _____
Branch of Service _____ Are you a member of a Reserve organization? <input type="checkbox"/> YES <input type="checkbox"/> NO
Duties: _____

Education

Type	School Name & Location	Years Attended	Did You Graduate	Subject Studied or Degree
High School				
College				
Trade School				

Education, Skills and Certifications**Skills: (List work related skills acquired through work or training)****License or certifications: (List certification, issuing party, and date issued, date of expiration)****Employment History (List employers starting with last or current)**

Date Month And Year	Employer Name & Location	Position/ Job Description	Reason for Leaving
From: To:			
From: To:			
From: To:			

References (List individuals not related to you, whom you have known at least one year, professional preferred)

Name	Telephone	Email	Relationship

IMPORTANT, PLEASE READ AND SIGN

I understand that failure to reveal any prior employer, or giving false or misleading information by me on any part of this Application for Employment can result in disqualification for employment consideration or, if hired, may be grounds for termination from the company or its' subsidiaries. I understand that if I am hired, my employment is for no definite time and may be terminated at any time without prior notice. I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO PROVIDE ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT.

NITTA GELATIN IS A DRUG-FREE WORKPLACE AND I UNDERSTAND I MUST SUBMIT TO A PRE-EMPLOYMENT DRUG TEST (USA ONLY). IF I DO NOT, MY APPLICATION FOR EMPLOYMENT WILL NOT BE CONSIDERED. I ALSO UNDERSTAND THAT IF I TEST POSITIVE ON MY PRE-EMPLOYMENT DRUG TEST, MY APPLICATION WILL NOT BE CONSIDERED.

Date: _____ Signature: _____



reference

C H E C K I N G

Authorization to Obtain Records and Other Information for Employment Purposes

NAME (First, Middle (full), Last)

PAST LEGAL NAMES or ALIAS (First, Middle (full), Last)

CURRENT STREET ADDRESS, CITY, STATE, ZIP

HOW LONG?

FIRST PREVIOUS STREET ADDRESS, CITY, STATE, ZIP

HOW LONG?

SECOND PREVIOUS STREET ADDRESS, CITY, STATE, ZIP

HOW LONG?

APPLICANT SOCIAL SECURITY NUMBER

DATE OF BIRTH

DRIVER'S LICENSE # AND STATE ISSUED

MALE / FEMALE (circle one)

WAIVER

I hereby authorize Capital Associated Industries Services Corporation (CAI) to prepare a consumer report that will include my present and previous employment information, including salary as well as work performance. I also authorize CAI to verify my past and present driving records, education records, credit history, professional credentials, and other records as may be appropriate. I further authorize CAI to perform a criminal records search.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement or omission of information on my application form may result in my termination. I further understand that this application is not intended to be a contract of employment, nor does this application serve as an obligation in any way to employ me or not to employ me.

I hereby fully waive any rights or claims that I have or may have against all current and/or former employers, and their agents, employees, and representative and damages that may directly or indirectly result from the use, disclosure or release of any information by any person or party, whether such information is favorable or unfavorable to me. I further waive any claim against you and any outside agency utilized by you as a result of any information which is obtained in this investigation.

California, Minnesota and Oklahoma residents only:

I want to receive a free copy of any Consumer Report, Investigative Consumer Report or Credit Report on me that is requested. Yes No

New York employers and residents only: By signing this consent form I acknowledge receipt of a copy of Article 23-A of New York Corrections Law.

SIGNATURE

DATE

For office use only

Fax to 1-919-876-6272

COMPANY NAME

REQUESTOR

Criminal Record Credit Report Motor Vehicle Record Social Sec. No. Trace OIG Federal Record

For Georgia criminal searches only: (must check one)

Employment with Mentally Disabled (Purpose Code M)

Employment with Children (Purpose Code W)

Employment with Elder Care (Purpose Code N)

None Apply

CRIMINAL (where) 1

2

3

EMPLOYMENT 1

2

3

PROFESSIONAL LICENSE VERIFICATION

EDUCATION VERIFICATION



Raleigh 919-878-9222 • Greensboro 336-668-7746 • www.capital.org

Waiver_2009, revised 02/09



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FAIR CREDIT REPORTING ACT DISCLOSURE & AUTHORIZATION

DISCLOSURE

In considering you as an applicant for employment or as a current employee, we may choose to secure and use information contained in either a consumer report or investigative consumer report about you obtained from a consumer reporting agency when: (1) considering your application for employment (2) making a decision whether to offer you employment, (3) deciding whether to continue your employment or (4) making other employment-related decisions directly affecting you.

For explanation purposes, a "consumer reporting agency" is a person or business that, on a cooperative nonprofit basis, or for monetary fees or dues, regularly assembles or evaluates consumer credit information or other information on consumers for a person who has a legitimate business need for the information or intends to use the information for employment purposes.

A "consumer report" means any written, oral or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in establishing your eligibility for employment purposes.

An "investigative consumer report" means a consumer report or portion thereof in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with your neighbors, friends, or associates reported on or with others with whom you are acquainted or who may have knowledge concerning any such items of information.

In the event an investigative consumer report is prepared, you may request additional disclosures regarding the nature and scope of the investigation requested as well as a written summary of your rights under the Fair Credit Reporting Act.

AUTHORIZATION

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment. If hired, this authorization shall remain on file and shall serve as an ongoing authorization for us to procure consumer reports at any time during the employment period.

(Signature)

(Date)

(Printed)

Nitta Gelatin
Chemical Screening Test Consent and Release Form

I, _____, hereby acknowledge that I have received, and read, or been informed of Nitta Gelatin Drug and Alcohol policy, understand the content of that policy, and agree to be bound by that policy as a condition for employment and for purposes of applying for, accepting, or continuing employment with Nitta Gelatin. I also hereby state that I am not a user of illegal controlled substances, which have not been prescribed to me for authorized use by a licensed physician.

I understand and consent freely and voluntarily to Nitta Gelatin's request for a blood, urine or other specimen samples testing. I hereby release and hold harmless, Nitta Gelatin, the laboratory, their employees, agents, and other program contractors from any liability arising from this request to furnish this or any such specimen or sample, the testing of the specimen or sample, and any decisions made concerning my application for employment or any continued employment, based upon the results of the tests. I consent to allow any Nitta Gelatin employee, designated physician, laboratory, hospital or medical professional to perform appropriate chemical tests for the presence of alcohol, drugs, or other controlled substances.

I give my permission to any Nitta Gelatin employee, designated physician, laboratory, hospital, or medical professional to release the results of these tests to the company, workers' compensation insurance carrier, or any other person who has a lawful right or need to be informed of such result, and I release any such designated institution or person from any liability whatsoever arising from the release of this information.

The undersigned further states that he or she has read the foregoing consent and release form and know the content thereof and have freely and voluntarily affixed his or her signature on this document.

Designated Nitta Gelatin
Official as Witness

Date

Applicant/Employee
Signature

Date