

Applicants: Please read completely before completing your application

No minors allowed in the building.

You are required to take the top two pages with you, return the application pages to the front desk.

Complete both sides of the application.

Make sure all handwriting is legible and that you have signed your application.

Please do not call the plant to check on your application.

When we have positions available, we will review all applications received and call the best qualified in for interviews.

You may attach a resume if you have one. Please do not write “see resume” on any areas of the application. Complete the application fully, applications that are not completed fully may not be considered.

Thank you for applying with us.

Your Employee Rights Under the Family and Medical Leave Act

What is FMLA leave?

The Family and Medical Leave Act (FMLA) is a federal law that provides eligible employees with **job-protected leave** for qualifying family and medical reasons. The U.S. Department of Labor's Wage and Hour Division (WHD) enforces the FMLA for most employees.

Eligible employees can take **up to 12 workweeks** of FMLA leave in a 12-month period for:

- The birth, adoption or foster placement of a child with you,
- Your serious mental or physical health condition that makes you unable to work,
- To care for your spouse, child or parent with a serious mental or physical health condition, and
- Certain qualifying reasons related to the foreign deployment of your spouse, child or parent who is a military servicemember.

An eligible employee who is the spouse, child, parent or next of kin of a covered servicemember with a serious injury or illness **may take up to 26 workweeks** of FMLA leave in a single 12-month period to care for the servicemember.

You have the right to use FMLA leave in **one block of time**. When it is medically necessary or otherwise permitted, you may take FMLA leave **intermittently in separate blocks of time, or on a reduced schedule** by working less hours each day or week. Read Fact Sheet #28M(c) for more information.

FMLA leave is **not paid leave**, but you may choose, or be required by your employer, to use any employer-provided paid leave if your employer's paid leave policy covers the reason for which you need FMLA leave.

Am I eligible to take FMLA leave?

You are an **eligible employee** if **all** of the following apply:

- You work for a covered employer,
- You have worked for your employer at least 12 months,
- You have at least 1,250 hours of service for your employer during the 12 months before your leave, and
- Your employer has at least 50 employees within 75 miles of your work location.

Airline flight crew employees have different "hours of service" requirements.

You work for a **covered employer** if **one** of the following applies:

- You work for a private employer that had at least 50 employees during at least 20 workweeks in the current or previous calendar year,
- You work for an elementary or public or private secondary school, or
- You work for a public agency, such as a local, state or federal government agency. Most federal employees are covered by Title II of the FMLA, administered by the Office of Personnel Management.

How do I request FMLA leave?

Generally, to **request FMLA leave** you **must**:

- Follow your employer's normal policies for requesting leave,
- Give notice at least 30 days before your need for FMLA leave, or
- If advance notice is not possible, give notice as soon as possible.

You **do not have to share a medical diagnosis** but must provide enough information to your employer so they can determine whether the leave qualifies for FMLA protection. You **must also inform your employer if FMLA leave was previously taken** or approved for the same reason when requesting additional leave.

Your **employer may request certification** from a health care provider to verify medical leave and may request certification of a qualifying exigency.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law or collective bargaining agreement that provides greater family or medical leave rights.

State employees may be subject to certain limitations in pursuit of direct lawsuits regarding leave for their own serious health conditions. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress.

What does my employer need to do?

If you are eligible for FMLA leave, your **employer must**:

- Allow you to take job-protected time off work for a qualifying reason,
- Continue your group health plan coverage while you are on leave on the same basis as if you had not taken leave, and
- Allow you to return to the same job, or a virtually identical job with the same pay, benefits and other working conditions, including shift and location, at the end of your leave.

Your **employer cannot interfere with your FMLA rights** or threaten or punish you for exercising your rights under the law. For example, your employer cannot retaliate against you for requesting FMLA leave or cooperating with a WHD investigation.

After becoming aware that your need for leave is for a reason that may qualify under the FMLA, your **employer must confirm whether you are eligible** or not eligible for FMLA leave. If your employer determines that you are eligible, your **employer must notify you in writing**:

- About your FMLA rights and responsibilities, and
- How much of your requested leave, if any, will be FMLA-protected leave.

Where can I find more information?

Call **1-866-487-9243** or visit **dol.gov/fmla** to learn more.

If you believe your rights under the FMLA have been violated, you may file a complaint with WHD or file a private lawsuit against your employer in court. **Scan the QR code to learn about our WHD complaint process.**



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

SCAN ME



**This Organization
Participates in E-Verify**

**Esta Organización
Participa en E-Verify**



This employer participates in E-Verify and will provide the federal government with your Form I-9 information to confirm that you are authorized to work in the U.S.

If E-Verify cannot confirm that you are authorized to work, this employer is required to give you written instructions and an opportunity to contact Department of Homeland Security (DHS) or Social Security Administration (SSA) so you can begin to resolve the issue before the employer can take any action against you, including terminating your employment.

Employers can only use E-Verify once you have accepted a job offer and completed the Form I-9.

E-Verify Works for Everyone

For more information on E-Verify, or if you believe that your employer has violated its E-Verify responsibilities, please contact DHS.

Este empleador participa en E-Verify y proporcionará al gobierno federal la información de su Formulario I-9 para confirmar que usted está autorizado para trabajar en los EE.UU..

Si E-Verify no puede confirmar que usted está autorizado para trabajar, este empleador está requerido a darle instrucciones por escrito y una oportunidad de contactar al Departamento de Seguridad Nacional (DHS) o a la Administración del Seguro Social (SSA) para que pueda empezar a resolver el problema antes de que el empleador pueda tomar cualquier acción en su contra, incluyendo la terminación de su empleo.

Los empleadores sólo pueden utilizar E-Verify una vez que usted haya aceptado una oferta de trabajo y completado el Formulario I-9.

E-Verify Funciona Para Todos

Para más información sobre E-Verify, o si usted cree que su empleador ha violado sus responsabilidades de E-Verify, por favor contacte a DHS.

888-897-7781

dhs.gov/e-verify



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English / Spanish Poster



Speedrack Products Group, Ltd.
APPLICATION FOR EMPLOYMENT

Speedrack Products Group Ltd. is an Equal Opportunity Employer

This application will be considered active for 60 days. If you have not been hired within 60 days of submitting this application and you wish to be considered for employment, you must complete a new application.

PERSONAL INFORMATION

Name _____

Last

First

Middle

Have you ever worked or attended school under another name? _____ If yes, under what name? _____

Present Address _____

Street

City

State

Zip

Permanent Address _____

Street

City

State

Zip

Phone No. _____ Are you 18 years or older? Yes _____ No _____

Are you legally authorized to work in the United States? Yes _____ No _____

Describe any U.S. Military Service, including branch, rank, nature and date of discharge: _____

Are you presently in the United States armed forces, active or reserve? If so, identify unit and any service obligations. _____

Have you ever been convicted of a crime or are you presently charged with a felony? If so, where and when, and explain circumstances. _____

EMPLOYMENT DESIRED

Position _____ Date you can start _____ Salary desired _____

Preferred employment type: full-time _____ part-time _____ temporary/seasonal _____ Desired shift: _____

Applicants for part time work, please insert times on each day you would be available for work (the Company retains the right to schedule staff members' work hours and alter schedules at will):

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____ Sat: _____ Sun: _____

Applicants for temporary work, for what period of time are you available to work? From: _____ to: _____

Are you currently employed? _____ If so, may we inquire of your present employer? _____

Have you ever applied to Speedrack Products Group Ltd. before? Yes _____ No _____ When? _____

Have you ever worked for Speedrack Products Group Ltd. before? Yes _____ No _____ When? _____

Relatives employed by Speedrack Products Group Ltd.? Yes _____ No _____ If yes, who? _____

Do you have any activities, commitments or responsibilities (for example, school, other employment, etc.) that might interfere with your ability to work full time, including overtime, in the position for which you are applying? If so, identify and explain. _____

If employed here, do you expect to work on any other job? Yes _____ No _____

If yes, give nature of work and amount of time it requires. _____

FORMER EMPLOYMENT - List below last three employers, starting with the most recent.

Date (Month & Year)	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
Describe fully the nature of the work in your present (or most recent) job.				
Which of your jobs did you like best?				
Why?				
Please account for any gaps in employment within the last 10 years:				
During the past 10 years, have you ever been discharged, suspended, or asked to resign from a position? Yes No				
If yes, please explain.				
What special skills or knowledge do you have that will aid you in qualifying for employment?				

EDUCATION	NAME/LOCATION OF SCHOOL	NUMBER OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
Grammar School				
High School				
College				
Trade, Business or Other School				
List any subjects of Special Study or Research Work				
List any certifications/licenses you possess, including the effective date and expiration				

REFERENCES - Give the names of three persons, not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted

In case of emergency please contact:

Name	Address	Phone No.

READ CAREFULLY AND SIGN BELOW IF YOU AGREE TO THESE TERMS OF EMPLOYMENT

I certify that the facts contained in this application are true and complete and that any falsification, misrepresentation or omission herein may result in refusal of, or immediate termination from employment. I authorize and request my former employers, references and educational institutions to give the Company any and all information and opinions about me in their possession; I hereby waive written notice of such release of information and opinions and I release my former employers, references and educational institutions from any liability or claim relating to such release of information and opinions. I also authorize and request federal, state and local governmental agencies to release to the Company any information requested concerning any criminal convictions on my record.

I agree that the contents of any lockers, desks or other Company property I may be using, and of my own property I bring onto the Company's premises (including without limitation cars, packages, and purses) may be inspected by the Company at any time, and I waive and promise not to make any claims against the Company (or its staff members, owners, or agents) relating to such inspection.

I agree to submit to physical examinations permitted by law performed by a health care professional before and during my employment at the request and expense of the Company, and I agree to disclose completely all information lawfully requested at such examinations about my physical condition and medical history. I also agree that before and during my employment, at the request and expense of the Company, I will cooperate in such lawful medical tests (including blood, urine, or other testing) as the Company requests to check for drugs or alcohol in my system, or for any other physical condition. I waive and release and promise not to make any claims against the Company (or any testing agency retained by it, or their staff members, owners and agents) related to any such testing, or from lawful decisions made regarding my employment or termination of employment based upon the results of such testing or analysis.

I agree that, except as prohibited by statute, the Company may disclose any information or opinions relating to me or my employment to employees of the Company or third parties, and I waive and release and promise not to make any claims against the Company (or its staff members, owners, or agents) relating to any such disclosure.

I agree that, except as directed otherwise by the Company, I will not disclose to anyone or use for my own purposes, any of the Company's confidential or proprietary information, either during or after my employment. I understand and agree that the Company's trade secrets, bidding, costs, pricing and marketing information and techniques, financial and market information, computer software, sources of supply and customer names and information are confidential and proprietary information of the Company; I also agree that I will not make written or other copies of notes regarding these matters except as necessary to perform my job, and I agree that if my employment with the Company ends, I will deliver to the Company all materials of any kind that I have relating to the Company, including any such copies or notes. I also agree that I will disclose and assign to the Company any invention, design or process relating to the Company's business which I develop or conceive while with the Company and that all such designs or conceptions shall be the property of the Company.

In consideration of the Company's receipt of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with the Company or any of its subsidiaries must be filed (a) for lawsuits requiring a Notice of Right to Sue from the EEOC, within 90 days after the EEOC issues that Notice; or (b) for all other lawsuits, (i) within 180 days of the event(s) giving rise to the claim, or (ii) the time limits specified by statute, whichever is shorter. This includes employment-related claims or lawsuits against the Company, and also its owners, officers, staff members and agents. I likewise agree that I will not join in any claim or lawsuit brought by any agency, other staff member, or a third party that relates to any employment action relating to me and that occurred before any of the applicable time periods referenced above. While I understand that the statute of limitations for claims arising out of an employment action may be longer, I agree to be bound by the time limits referenced above, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced. I ALSO WAIVE ANY RIGHT TO A JURY TRIAL if I ever sue the Company or any of its subsidiaries, or any of their owners, officers, staff members and agents regarding my employment or separation, and agree to have my claims decided by a judge instead.

I agree to the above terms of employment. I agree that if any of the above commitments by me is ever found to be legally unenforceable as written, the particular agreement concerned shall be limited to allow its enforcement as far as legally possible and shall not affect the rest of this agreement. I understand and agree that no one other than the President of the Company, by a written resolution authorizing a contract with a specific named individual, has any authority to modify or announce modification of the above terms of employment and policies, or to make any exception to them, or to offer employment on any other terms. I understand and agree that, except as provided above, all benefits, programs, rules and policies of the Company are subject to exceptions or change at will at any time as decided by the Company.

Date: _____

Signature of Applicant _____



Pre-Employment Questionnaire

1. Have you ever been employed by Speedrack? ☐ Yes ☐ No

If yes,

List dates and location: _____

Reason for leaving: _____

2. How did you hear about Speedrack? _____

3. Do you have the ability to perform physical labor for an 8–12 hour shift? ☐ Yes ☐ No

4. Can you lift a minimum of 35lbs throughout the course of a work shift? ☐ Yes ☐ No

5. Are you willing and able to work overtime as required? ☐ Yes ☐ No

6. Do you have the ability to read and write English? ☐ Yes ☐ No

7. Are you willing and able to work any shift? ☐ Yes ☐ No

8. Social Security number: _____

9. Current Phone number to contact you: _____

10. Position(s) you are applying for: _____

Print Full Name: _____

Signature: _____ Date: _____