





**Page 3**

Are you employed now? \_\_\_\_Yes \_\_\_\_No. If Yes, may we contact your present employer? \_\_\_\_Yes \_\_\_\_No

Why do you desire to make a change? \_\_\_\_\_

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Have you ever held a position of trust (handling money or confidential material)? \_\_\_\_Yes \_\_\_\_No. If Yes, please explain \_\_\_\_\_

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How much time have you lost from work during the past year? \_\_\_\_\_

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**PRIOR WORK RECORD**

**(Start with most recent or current employer and complete in full)**

1. Name and Address of Employer Telephone No.

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Immediate Supervisor (Name and Position)	Date Hire	Starting Rate
Job Title and Duties	Date Left	Last Rate

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Reason for Leaving

May we contact this employer? \_\_\_\_Yes \_\_\_\_No

2. Name and Address of Employer Telephone No.

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Immediate Supervisor (Name and Position)	Date Hire	Starting Rate
Job Title and Duties	Date Left	Last Rate

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Reason for Leaving

May we contact this employer? \_\_\_\_Yes \_\_\_\_No

3. Name and Address of Employer Telephone No.

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Immediate Supervisor (Name and Position)	Date Hire	Starting Rate
Job Title and Duties	Date Left	Last Rate

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Reason for Leaving

May we contact this employer? \_\_\_\_ Yes \_\_\_\_ No

Please provide any additional information such as special skills, training, management experience, equipment operation, or qualification you feel will be helpful to us in considering your application.

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PERSONAL REFERENCES: List two (2) personal references that have known you at least two (2) years. (Do not list any relatives.)

Name	Address	Business	Years Acquainted
1.			
2.			

PLEASE READ CAREFULLY BEFORE SIGNING

All information contained in this application is true to the best of my knowledge and belief. I authorize investigation of all statements and related information contained in this application unless herein specifically stated otherwise. I agree that any false statements or answers on this application or any misleading or incorrect statements, misrepresentations, or omission of facts made by me may render this application void and will be sufficient grounds for termination if employed by Young Holding, Inc. and its subsidiary company, Young Office Environments.

I understand that employment may be conditional upon my passing a drug screening. I agree to submit to a drug screening prior to employment and, if employed, to a drug and/or alcohol screening from time to time during the course of my employment whenever requested by the Company.

If employed, I understand that my employment is for no definite period and that I am an at-will employee. This means that if employed, I have the right to terminate my employment at any time, with or without cause or notice, and Young Holding, Inc. has the right to terminate me at any time with or without cause or notice.

I also understand and agree that any oral statements by Young Holding, Inc. associates or staff or Young Holding, Inc. documents of any type, including written personnel policies or Company guidelines, either now in effect or to be issued at any later time, are not contracts of employment or any other type of contract. Only the Executive Committee of Young Holding, Inc. has the authority to enter an employment contract and such contract, to be valid, must be in writing and signed by the Executive Committee.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Revised: 1 September 2011