

**PLEASE NOTE: APPLICATIONS ARE ONLY ACTIVE FOR 30 DAYS.**

**Five Star Sheets L.L.C.  
54370 Smilax Road  
New Carlisle, IN 46552  
Employment Application**

Name: \_\_\_\_\_  
(Last) (Middle) (First)

Address: \_\_\_\_\_  
(Street) (PO Box) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_ Position Applying For: \_\_\_\_\_

When are you able to start? \_\_\_\_\_ Wage Range? \_\_\_\_\_

Are you seeking: Full Time: \_\_\_\_\_ Part Time: \_\_\_\_\_ Temporary: \_\_\_\_\_

Specify days and hours you are willing to work: \_\_\_\_\_

How did you learn about this position? \_\_\_\_\_

If employed and you are under the age of 18, can you provide a work permit? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you prevented from lawfully working in this country because of Visa or Immigration Status?  
Yes \_\_\_\_\_ No \_\_\_\_\_

**Education and Training**

School Name/City Last Grade Completed Major

High School

College

Graduated School

Vocational

Apprenticeship

Other

## Employment History

*Please start from most recent*

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Reason Left: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Reason Left: \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Reason Left: \_\_\_\_\_

Job Duties: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_

Date of Employment: \_\_\_\_\_

Reason Left: \_\_\_\_\_

Job Duties: \_\_\_\_\_

## Additional Information

List any special skills or training which are relevant to the position for which you are applying.

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List any hobbies, interests or community involvements that are relevant to the position for which you are applying.

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## Professional References

*(List two people you have worked with in the past two years that we may contact for a reference)*

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

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Thank you for your interest in working for Five Star Sheets L.L.C. We are an equal opportunity employer. Employment with us is based on your merit, past experience, and ability to perform the job.

## Certification

I certify that all of the statements made in this application are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that false or misleading statements willfully made may be sufficient grounds for not being hired, or upon being hired, for discharge. I authorize the company to contact my previous employers for employment references and to release information from my employment records. I also authorize the company to contact the schools I have attended for verification of graduation and to release information from my school records.

I further understand that if I am employed, my employment is not for a definite period and the company or I can terminate it at anytime, with or without notice or cause.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTICE TO ALL APPLICANTS**

**PRE-EMPLOYMENT DRUG- SCREENING POLICY**

It is well recognized that employees cannot perform their job assignments effectively or safely while under the influence of drugs. The use of drugs greatly increases the risk of accidents, serious injuries and fatalities. It also interferes with the ability of employees to produce quality work. Because of our Company's concern for the safety and well being of our employees, and because of the desire that employees consistently utilize their best abilities when performing their work, Five Star Sheets, L.L.C. has adopted a drug-screening program. To be eligible for employment, applicants who are offered employment must take and pass a drug-screening test. If an applicant refuses to take the test, refuses to sign the Consent and Release Agreement, or fails the test, the applicant will not be eligible for employment with Five Star Sheets L.L.C.

If an applicant's sample fails the initial test, the applicant may, at his or her option, request confirmatory testing at the independent laboratory, which performed the initial screening test. The laboratory shall use the GC/MS test, and the applicant must pay the laboratory for the confirmatory testing before it is performed. If the second test confirms the initial positive result, a Medical Review Officer will determine if a legitimate medical reason exists for the positive test result. If no legitimate medical reason is identified, the applicant will not be employed. If the test is negative for drugs on the confirmatory test, Five Star Sheets, L.L.C. will reimburse the applicant for the cost of confirmatory testing and will consider the applicant eligible for employment.

I acknowledge that I have received and read this policy or that this policy has been read to me.

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(Applicants Signature)

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(Applicant's Printed Name)

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(Date)