



EMPLOYMENT APPLICATION

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CANDIDATE PROFILE

Mueller Brass Company, a division of Mueller Industries, Inc. (collectively referred to as the "Company") is an Equal Opportunity Employer, and will not discriminate in employment or personnel practices because of a person's race, color, creed, religion, sex, national origin, age, disability, or any other basis protected by federal, state, or other applicable law.

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

DATE OF APPLICATION	FIRST NAME	MIDDLE	LAST
PRESENT ADDRESS	CITY STATE ZIP	CELL PHONE #	E-MAIL
POSITION DESIRED	DATE AVAILABLE TO BEGIN WORK	RATE OF PAY EXPECTED:	INDICATE AVAILABILITY
LOCATION			FULL TIME [] YES [] NO PART TIME [] YES [] NO OVERTIME [] YES [] NO HOLIDAYS [] YES [] NO

IN CASE OF EMERGENCY, NOTIFY:

(PLEASE SUPPLY NAME, ADDRESS AND TELEPHONE NUMBER)

DAYS AND SHIFTS YOU ARE AVAILABLE TO WORK:

ANY SHIFT	[] YES [] NO	MONDAY	[] YES [] NO
DAYS	[] YES [] NO	TUESDAY	[] YES [] NO
AFTERNOON	[] YES [] NO	WEDNESDAY	[] YES [] NO
MIDNIGHT	[] YES [] NO	THURSDAY	[] YES [] NO
		FRIDAY	[] YES [] NO
		WEEKENDS	[] YES [] NO

ARE YOU AUTHORIZED TO WORK IN THE U.S., WITHOUT EMPLOYER SPONSORSHIP? [] YES [] NO

ARE YOU 18 OR OLDER? [] YES [] NO

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? [] YES [] NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU HAVE APPLIED WITH OR WITHOUT A REASONABLE ACCOMMODATION? [] YES [] NO

ARE ANY OF YOUR RELATIVES OR ANY PERSONS LIVING IN YOUR HOUSEHOLD EMPLOYEES OR FORMER EMPLOYEES OF THE COMPANY? [] YES [] NO

IF YES, PLEASE LIST INDIVIDUAL(S) NAME(S), THEIR POSITION(S), RELATION, AND DATES OF EMPLOYMENT:

HAVE YOU EVER WORKED FOR THE COMPANY BEFORE? [] YES [] NO

IF YES, PLEASE LIST:

DATES EMPLOYED:

POSITIONS WORKED:

REASONS FOR LEAVING:

HOW WERE YOU REFERRED?

DO YOU KNOW ANYONE WHO WORKS FOR OUR COMPANY? [] YES [] NO

IF YES, PLEASE LIST INDIVIDUAL(S) NAME(S):

HAVE YOU EVER BEEN CONVICTED (INCLUDING A PLEA OF GUILTY OR NO CONTEST) OF A MISDEMEANOR OR FELONY? [] YES [] NO

DO YOU HAVE ANY PENDING FELONY ARRESTS? [] YES [] NO

IF YES, LIST CHARGE/DATE:

ANSWERING YES TO THE ABOVE QUESTIONS WILL NOT AUTOMATICALLY EXCLUDE AN APPLICANT FROM EMPLOYMENT, BUT MAY BE CONSIDERED IN RELATION TO JOB REQUIREMENTS.



WORK HISTORY

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (INCLUDING MILITARY, PART-TIME, SUMMER, AND VOLUNTEER) (ATTACH ADDITIONAL SHEETS IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF COMPANY				\$	VOLUNTARY? [] YES [] NO
ADDRESS		TO		ENDING SALARY	
CITY, STATE, ZIP		MO.	YR.	\$	
					NAME & TITLE OF IMMEDIATE SUPERVISOR

PHONE NO.		TYPE OF BUSINESS			
JOB TITLE AND DUTIES			MAY WE CONTACT EMPLOYER? [] YES [] NO		
HOURS PER WEEK					
2	EMPLOYER	FROM		STARTING SALARY	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF COMPANY				\$	
ADDRESS		TO		ENDING SALARY	
		MO.	YR.	\$	
CITY, STATE, ZIP					
PHONE NO.		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
JOB TITLE AND DUTIES			MAY WE CONTACT EMPLOYER? [] YES [] NO		
HOURS PER WEEK					

3	EMPLOYER	FROM		STARTING SALARY	REASON FOR LEAVING (Please Explain)
		MO.	YR.		
NAME OF COMPANY				\$	
ADDRESS		TO		Ending Salary	
		MO.	YR.	\$	
CITY, STATE, ZIP					
PHONE NO.		TYPE OF BUSINESS			NAME & TITLE OF IMMEDIATE SUPERVISOR
JOB TITLE AND DUTIES			MAY WE CONTACT EMPLOYER? [] YES [] NO		
HOURS PER WEEK					
<p>HAVE YOU EVER BEEN DISCHARGED, SUSPENDED OR ASKED TO RESIGN FROM EMPLOYMENT? [] YES [] NO</p> <p>IF YES, LIST EMPLOYER(S) AND EXPLAIN:</p> <p>HAVE YOU ENTERED INTO A NON-COMPETE, NON-SOLICIT, CONFIDENTIALITY OR OTHER AGREEMENT THAT MAY RESTRICT YOU IN ANY WAY FROM PERFORMING DUTIES FOR THE COMPANY? [] YES [] NO</p> <p>IF YES, PLEASE PROVIDE THE DATE(S) OF THE AGREEMENT(S), WITH WHOM YOU ENTERED INTO THE AGREEMENT, AND PROVIDE A COPY OF THE AGREEMENT(S):</p>					

MILITARY SERVICE RECORD

BRANCH OF SERVICE:	DATE OF INDUCTION:	TYPE OF DISCHARGE, DISCHARGE DATE, AND RANK AT DISCHARGE:
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EDUCATION

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GPA	GRADUATED	DEGREE	SCHOLARSHIP OR AWARDS
HIGH SCHOOL			9 10 11 12		<input type="checkbox"/> YES <input type="checkbox"/> NO	DIPLOMA <input type="checkbox"/> YES <input type="checkbox"/> NO GED <input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		
COLLEGE			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		
GRADUATE SCHOOL			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		
BUSINESS TRADE OTHER			1 2 3 4		<input type="checkbox"/> YES <input type="checkbox"/> NO		

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TELL US ABOUT YOURSELF

INDIVIDUAL CHARACTERISTICS

WHAT MOTIVATES YOU?
WHY ARE YOU A GOOD FIT FOR THIS POSITION?
WHY IS THIS COMPANY A GOOD FIT FOR YOU?
LIST ANY OTHER EXPERIENCE, TRAINING, SKILLS OR OTHER QUALIFICATIONS, (e.g. FORKLIFT OPERATOR) INCLUDING HOBBIES, WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT.

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REFERENCES

PERSONAL OR BUSINESS REFERENCES

GIVE THE NAMES AND CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN THAT WE MAY CONTACT FOR A REFERENCE. NOTE: FAILURE TO SUPPLY AT LEAST THREE (3) EMPLOYMENT REFERENCES WILL LESSEN YOUR CHANCES OF EMPLOYMENT WITH THE COMPANY.

1	NAME		OCCUPATION	BUSINESS PHONE ()
HOME ADDRESS		HOME PHONE ()	TITLE	RELATIONSHIP
CITY AND STATE (ZIP)			HOW LONG KNOWN	
EMAIL				
2	NAME		OCCUPATION	BUSINESS PHONE ()
HOME ADDRESS		HOME PHONE ()	TITLE	RELATIONSHIP
CITY AND STATE (ZIP)			HOW LONG KNOWN	
EMAIL				
3	NAME		OCCUPATION	BUSINESS PHONE ()
HOME ADDRESS		HOME PHONE ()	TITLE	RELATIONSHIP
CITY AND STATE (ZIP)			HOW LONG KNOWN	
EMAIL				

HR USE ONLY

INTERVIEW DATE:

INTERVIEWED BY:

COMMENTS:

HIRED: [] YES [] NO

DATE STARTING:

STARTING WAGE: \$

DEPARTMENT:

POSITION:

SIGNATURE:



CERTIFICATION

APPLICANT'S CERTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED. Initial: _____

Questions regarding this Certification and Agreement should be directed to any employment interviewer before signing. The application will be given every consideration, but its receipt does not imply that the applicant will be employed.

I agree to immediately notify Mueller Brass Company, a division of Mueller Industries, Inc. (collectively referred to as the "Company") if I am arrested for or convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, abuse or violence while my application is pending or, if hired, during my employment. Initial: _____

I understand that Michigan law requires employers to make reasonable accommodations to disabled employees where the accommodation does not impose an undue hardship on the employer. I further understand that in Michigan, disabled employees and applicants must request an accommodation for their disability by notifying the Company in writing, of the need for accommodation within one hundred eighty-two (182) days of the date the individual knows, or should know, that an accommodation is needed. Failure to properly notify the Company will preclude any claim that the Company failed to accommodate the disability. Initial: _____

I agree that any action or lawsuit against the Company and/or its predecessors, successors, assigns, subsidiaries, parent(s), affiliates, and all past and present officers, directors, employees and agents in their individual and representative capacities of the foregoing entities arising out of my application, employment or termination, including but not limited to claims arising under state or federal civil rights statutes, must be brought within one hundred eighty (180) days of the event giving rise to the claim(s) or within the limitations period contained in the statute I am suing under, whichever is shorter. I understand and agree that any action or lawsuit filed outside this limitations period is barred forever. I waive any limitation period to the contrary. Initial: _____

I authorize the Company or its representative to investigate my education, work and professional history and verify all data provided during the application process and throughout my employment. I agree to submit to a background check, including drug testing, if requested by the Company. I release the Company from any liability that might arise from such investigation and/or testing. I request that previous employers contacted by the Company in connection with this application fully respond to all inquiries concerning such previous employment. I specifically waive prior written notice of disclosure of my personnel record information including salary information, disciplinary reports, and job performance, in consideration of the acceptance of my application, and release the Company, its agents and my previous employers from any liability arising out of such response and disclosure. I understand that employment arising out of this application is contingent upon the results of this investigation and/or testing. Initial: _____

I agree that if I am hired, the Company may terminate my employment at will at any time for any reason or no reason at all. I understand that no representative of the Company has any authority to enter into any agreement for any specific period of time, or to make any agreement contrary to the foregoing. Any agreement altering the terminable at-will nature of the employment relationship must be in writing and signed by me and the President of the Company. I further recognize that, if hired, my compensation and benefits are subject to change by the Company with or without notice. I acknowledge that my assigned work hours and place of work may be modified by the Company. Initial: _____

I have read, understand, and agree to the above statements and conditions of employment.

APPLICANT AND/OR EMPLOYEE SIGNATURE _____ DATE _____