



# Edelbrock, LLC

## Employment Application

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### HEADQUARTERS

2700 California Street  
Torrance, California 90503

### FOUNDRY OPERATIONS

1320/1380 Buena Vista Street  
San Jacinto, California 92383

### EAST COAST OPERATIONS

5715 Clyde Rhyne Dr.,  
Lee County Industrial Park  
Sanford, NC 27330

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### NOTICE TO APPLICANTS PLEASE READ CAREFULLY

In an effort to properly evaluate and hire qualified individuals for employment, Edelbrock LLC requires applicants to undergo a pre-hire background check. Edelbrock LLC has contracted with an outside company to conduct the pre-hire background check which consists of, among other things, obtaining a consumer report, criminal background check, verifying social security number information, DMV records and credential verification checks. The background check is administered at the Company's expense. Prior to any background check being undertaken, applicants will receive the appropriate and necessary notices to advise you of your rights.

In addition, Edelbrock LLC maintains a strong anti-drug policy. The purpose of this policy is to assure the safety of our employees and customers, and prevent accidents from occurring while on the job. In order to facilitate this policy, each applicant must successfully pass a post offer/pre-hire drug test as a condition of employment. The test shall be administered by a medical care professional and is paid for by the Company. The test shall test for illegal substances only, and the clinic shall apprise Edelbrock LLC whether the employee has tested positive or negative for illegal substances. This test shall not test for any other medical conditions, nor will Edelbrock LLC be apprised of such. Your signature below operates as consent to this procedure.

I understand that any offer of employment and employment is conditional upon the successful completion of all pre-hire/post offer procedures.

I hereby consent to the administering of a post offer/pre-hire test for illegal substances and a background check. I understand that the successful completion of these tests are a condition of my employment and that my offer of employment may be revoked if I do not meet the standards of the position I am applying for, or test positive for any illegal substance.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

(Applicant Signature)

\_\_\_\_\_  
(Applicant Name Printed)

***Edelbrock is an Equal Opportunity Employer and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, gender or gender identification, sexual orientation, marital status, national origin, citizenship, ancestry, disability (physical and/or mental), veteran status, or any other legally protected basis.\****

\*The applicant does not have to provide any information that would reveal race, color, age, sex, religion, natural origin, disability, veteran status or other protected category.

## EMPLOYMENT DESIRED

Position applying for: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
If hired, on what date can you start work? \_\_\_\_\_ Salary desired: \_\_\_\_\_  
Type of work you're applying for: Full-time  Yes  No Part-time  Yes  No Temporary  Yes  No  
Shift preferred:  Day  Night  Swing shifts  
How did you learn of this opening:  Newspaper Ad  Employment Agency  Friend  Relative  Walk-In  
 Internet  Other \_\_\_\_\_

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## GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_  
Other names by which you have been known (or other information to enable a check on your work and education record): \_\_\_\_\_

Present Street Address: \_\_\_\_\_ City/Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Have you been employed here before?  Yes  No Date(s) \_\_\_\_\_  
What position did you hold \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Do you have any friends or relatives working for the company?  Yes  No If yes, state names(s) and relationship:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

If under 18 years of age, can you provide a work permit, if hired?  Yes  No  Not Applicable

If offered employment, can you provide verification of your legal right to work in the United States?  Yes  No

List membership in professional (job related) organizations, groups, clubs, etc., which you wish to disclose (Please omit those which indicate your race, religion, color, national origin, ancestry, sexual orientation or age): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State branch of military service in the U.S. Armed Forces: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Have you obtained any special skills or abilities as a result of service in the military?  Yes  No  
If so, describe: \_\_\_\_\_  
\_\_\_\_\_

Is there any reason why you would be unable to perform or to safely perform any of the essential functions of the position for which you have applied, (job description attached)?  Yes  No If "Yes", please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions. Hire may be subject to passing a medical examination, and to skill and agility test.)

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## SKILLS

Computer Programs: \_\_\_\_\_  
Machines Operated: \_\_\_\_\_  
Do you have any other experience, training, qualifications or skills which you feel make you especially suited for the position for which you are applying? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## FOR POSITIONS REQUIRING DRIVING ONLY

If driving is a requirement of the job, do you have a current, valid driver's license?  Yes  No

Driver's License No.: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Do you have any restrictions on your driver's license at this time?  Yes  No

If Yes, please explain: \_\_\_\_\_

Have you ever had your driver's license suspended or revoked:  Yes  No

Date(s) of revocation or suspension: \_\_\_\_\_ Date(s) of reinstatement: \_\_\_\_\_

Note: Continued employment may be contingent upon your maintaining a current, valid driver's license if driving is a requirement of your position.

## FOR PROFESSIONAL & TECHNICAL APPLICANTS ONLY

Professional License/Certification Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Type of License/Certification: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

Has your License/Certification ever been revoked or suspended:  Yes  No

If yes, state the reason(s): \_\_\_\_\_

Date(s) of revocation or suspension \_\_\_\_\_ Date(s) of reinstatement: \_\_\_\_\_

## EDUCATION

	Name /Address of School	Course of Study	# Years completed	Diploma/Degree Received
Elementary School				
High School				
Undergraduate College				
Graduate/Professional				
Other				

## WORK EXPERIENCE

Please fully account for all time, including periods of unemployment and any prior employment by this company. Begin with MOST RECENT job. (Use reverse side for additional information.)

Last or Current Employer:	Dates Employed From: _____ To: _____	Work Performed:
Address:	Hourly Rate/Salary Starting: _____ Final: _____	Job title/Job Duties:
Telephone Number:	Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Next to Last Employer:	Dates Employed From: _____ To: _____	Work Performed:
Address:	Hourly Rate/Salary Starting: _____ Final: _____	Job title/Job Duties:
Telephone Number:	Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		
Employer:	Dates Employed From: _____ To: _____	Work Performed:
Address:	Hourly Rate/Salary Starting: _____ Final: _____	Job title/Job Duties:
Telephone Number:	Supervisor's Name:	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for Leaving:		

## WORK EXPERIENCE (CONTINUED)

Have you ever been terminated, asked to resign, or left a job without notice?  Yes  No

(If yes, please explain the circumstances and identify the employer(s). Use back of page for additional space if needed.)

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## APPLICANT'S COMMENTS

Please describe what you expect from an employer or include any remarks you may wish to add including any special qualifications for the position: \_\_\_\_\_

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## APPLICANT STATEMENT

(Please initial each statement)

\_\_\_\_\_ I hereby certify that all information that I provided on this application or any other documents submitted in connection with my application for employment and any subsequent employment, and provided in any interview is true and correct. I agree to have any of the statements provided by me checked by the Company unless I have indicated to the contrary. Further, I understand that falsification or omission of any material information on this application, or presenting misleading information on this application may be considered sufficient cause for immediate termination. I hereby fully waive any rights or claims that I have or may have against my former employers, their employees and/or agents and release them for any and all such liability, claims or damages that may directly or indirectly result from the use, disclosure or release of any such reference information about me, whether favorable or unfavorable.

\_\_\_\_\_ I hereby authorize **Edelbrock LLC** to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure.

\_\_\_\_\_ If hired, I agree as follows: My employment and compensation is for no definite period, is terminable at-will and my employment and compensation may be terminated by the Company at any time and for any reason whatsoever, with or without good cause, and with or without prior notice at the option of either the Company or myself.

\_\_\_\_\_ I understand that nothing contained in the application, or conveyed during any interview which may be granted or during my employment, if hired, is intended to create an employment contract between me and this company.

\_\_\_\_\_ No implied, oral, or written agreements contrary to the express language of this at will agreement are valid unless they are in writing and signed by the President of the Company or the President's designee. No supervisor or representative of the Company, other than the President of the Company or the President's designee has any authority to make any agreements contrary to the foregoing.

\_\_\_\_\_ I agree that if employed, I will abide by all policies and procedures established by the Company. I further understand that if I am required to undertake a physical examination or a drug or alcohol test for pre-employment or employment related purposes, and if I fail to pass any such physical examination including a drug and/or alcohol test, if required, such will result in the revocation of any job offer and may be grounds for termination of employment.

\_\_\_\_\_ I further certify that I have been informed of the duties of the position for which I am applying and that I can perform the essential functions of the position and that if necessary will inform the Company of any reasonable accommodation that I may require to perform the functions of the position.

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## POST OFFER/PRE-HIRE PHYSICAL/CONTROLLED SUBSTANCE SCREENING

\_\_\_\_\_ The Company strongly believes in its responsibility to provide a safe and healthful workplace for all its employees. I understand that after I receive a conditional offer of employment, I MAY BE TESTED for the presence of controlled substances before I am hired as a condition of employment with the Company

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_ Print Name: \_\_\_\_\_