



EMPLOYMENT APPLICATION

It is the policy of Cooper Standard not to discriminate in its employment and personnel practices because a person's race, color, religion, sexual orientation, national origin, age, disability, gender identity, veteran status, genetic information or any other basis protected by federal, state, or other applicable law.

APPLICANT INFORMATION

First Name:		M.I.		Last Name:	
Address:				Apt/Unit #:	
City:		State:		ZIP:	
Cell Phone:			Email Address:		

Have you ever been employed by Cooper Standard? YES NO

If yes, please indicate dates/position: _____

Have you previously interviewed with Cooper Standard? YES NO

If yes, please indicate dates/position: _____

Do you have work, education or licensure records under another name? YES NO

If yes, please indicate: _____

Do you have any relatives employed by Cooper Standard? YES NO

If yes, please indicate: _____

Are you over the age of 18 years? YES NO Referral Source: _____

EMPLOYMENT INFORMATION

Position Desired: _____ Salary Expectations: _____

Type of Employment: Full-time Part-time Co-op/Internship Other

Date Available to Begin Work: _____ Hours/Shift Desired: _____

Willing to work any shift? YES NO Percentage of time willing to travel? _____

To what extent are you willing to relocate? _____

Can you perform all of the essential job functions of the position(s) for which you are applying, with or without reasonable accommodations? YES NO

Are you legally authorized to work in the in the United States without limitation or restriction? YES NO

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A criminal conviction will not necessarily bar you from employment but will be considered as it relates to the job for which you are applying consistent with applicable federal, state and local laws. To help us evaluate your application, please describe the nature of the offense(s) for which you were convicted, the circumstances surrounding the commission of the offense and your subsequent rehabilitation. Factors such as age at the time of the offense(s), dates of the offense(s), seriousness of the offense(s), nature of the violation(s), its relation, if any, to the job you are seeking and rehabilitation will be taken into account.

Have you ever been convicted of a felony that has not been expunged, sealed or pardoned? You are YES NO
 not obligated to disclose and do not disclose convictions that have been expunged, sealed or pardoned.

If yes, please state conviction/date/state and county of conviction: _____

Are there any felony charges pending against you? You are not obligated to disclose and do not YES NO
 disclose misdemeanor charges or arrests.

If yes, please state felony charge/date/state and county of charge: _____

Disclaimer: *Nothing in this document is intended to create a contract of continued employment. As a condition of consideration for employment or of employment, applicant agrees to accept and be bound by the terms of the "at-will" employment relationship and time limit for claims set forth on page five.*

EDUCATION INFORMATION

	School Name	School Location (City, State)	Dates Attended (Month/YR)		Major/Degree	Did you Graduate?
High School/ GED						<input type="checkbox"/> YES <input type="checkbox"/> NO
College			Start	End		<input type="checkbox"/> YES <input type="checkbox"/> NO
Graduate			Start	End		<input type="checkbox"/> YES <input type="checkbox"/> NO
Vocational or Trade School/ Other			Start	End		<input type="checkbox"/> YES <input type="checkbox"/> NO

PROFESSIONAL LICENSURE, REGISTRATION OR CERTIFICATION(S)

Type	State	Number

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EMPLOYMENT HISTORY

If employed, may we contact your present employer?

YES NO

If no, please explain: _____

Please begin with your most recent or current employer:

Company:		Position:	
Company Address:		Type of Business:	
Manager/ Supervisor:		Phone:	
Dates Employed:	<i>Start</i>	<i>End</i>	Base Salary, Bonus, Misc.:
Job Duties:			Reason for Leaving:

Company:		Position:	
Company Address:		Type of Business:	
Manager/ Supervisor:		Phone:	
Dates Employed:	<i>Start</i>	<i>End</i>	Base Salary, Bonus, Misc.:
Job Duties:			Reason for Leaving:

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EMPLOYMENT HISTORY – Continued

Company:		Position:	
Company Address:		Type of Business:	
Manager/Supervisor:		Phone:	
Dates Employed:	<i>Start</i>	<i>End</i>	Base Salary, Bonus, Misc.:
Job Duties:			Reason for Leaving:

Have you ever been discharged or suspended from employment or asked to resign your employment? YES NO

If yes, please explain: _____

Have you signed a Non-Compete, Non-Solicitation, Confidentiality or other agreement with a current or prior employer that has restrictive covenants? YES NO

If yes, please provide the date(s) of the agreement(s) and with whom you entered into each agreement. *Please also provide a copy of each agreement.*

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RELEASE AND WAIVER

In return for being considered for a position, I agree as follows:

I affirm that the facts set forth above are true and complete to the best of my knowledge. False statements or omissions in this application may result in a refusal to hire, revocation of an offer of employment, or termination of employment whenever they may become known.

I authorize Cooper Standard Automotive or its representative to investigate thoroughly my education, work and professional history and verify all data provided. I release and hold harmless Cooper Standard Automotive from any liability, which might arise from such an investigation. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer. I understand that employment arising out of this application is contingent upon the results of this investigation.

I further understand that Cooper Standard Automotive requires a background check, and that hiring is contingent upon receipt of satisfactory results. I understand that if I am offered employment, I will be required to provide satisfactory proof of identity and legal work authorization; and that failure to submit such proof shall result in denial of employment. I understand that employment may be based on the successful passing of job-related physical examinations and drug screening, following an offer of employment and prior to commencement of work, consistent with applicable laws, including but not limited to the Americans with Disabilities Act. I further authorize any health care professional or testing facility who performs such examination to release such information to Cooper Standard Automotive. .

As a condition of application for employment and for employment, if employed, I agree not to file any action, suit or charges relating to my employment or application for employment with Cooper Standard Automotive more than 180 days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of and I agree to waive any state or federal statutes of limitation to the contrary (except those requiring a shorter period), to the extent permitted by applicable law. While I understand that the statute of limitations for claims arising out of an employment action may be longer than 180 calendar days, I agree and understand that any employer action that is the subject of a lawsuit or action, including those related to discrimination, benefits, termination of employment, or other terms or conditions of employment, is barred if it is not filed within the 180 day period (or in less time if any applicable law so requires) and I understand and agree that the 180 day period (or applicable shorter period) will not be extended for any reason, including continuing violations and employee agrees to waive the application of continuing violations doctrines. This provision does not prohibit the timely filing of a charge of discrimination under federal or state law with an administrative agency and the agency's right to investigate is maintained. However, filing a charge or claim with an administrative agency, including the EEOC or internally with the Company, does not toll (hold in abeyance) the 180 calendar day period for my filing of a civil suit and if I wish to obtain individual relief, I understand that any lawsuit must be filed within 180 days of the complained of action.

I agree that if I am employed by Cooper Standard Automotive, the employment relationship is "at-will" which means that either Cooper Standard Automotive or I may terminate the employment relationship at any time with or without cause or notice.

No other practice, procedure, written or oral policy or statement by anyone, including other management personnel, can alter the "at-will" employment relationship. While the "at-will" employment relationship can only be modified as set forth above, I recognize that if I am employed by Cooper Standard Automotive, I will receive compensation and benefits and be subject to rules and regulations; but I agree that such compensation, benefits, rules and regulations are subject to change by Cooper Standard Automotive with or without notice to me. I acknowledge that my assigned work hours and place of work may be modified by Cooper Standard Automotive.

I understand that if employed, I may be asked and agree to sign a Non-Competition, Non-Solicitation and Confidentiality Agreement or other agreement with restrictive covenants. I also understand and agree that my employment will be subject to employment policies that Cooper Standard Automotive adopts.

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

Signature: _____ **Date:** _____