JOB APPLICATION

Amaxx, Inc. 124 Route 22, Pawling, New York 12564 845-878-0001

Amaxx, Inc. is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a company representative.

Please fill out all of the sections below: Applicant Information **Applicant Name:** Address: City, State and Zip Code: Telephone Number: Email Address: Date of Application: **Employment Position** Position(s) applying for: CDL Driver How did you hear about this position? What days are you available for work? If needed, are you available to work overtime? On what date can you start working if you are hired? Do you have reliable transportation to and from work? Salary desired: Personal Information Yes No Are you a U.S. citizen or approved to work in the United States? What document can you provide as proof of citizenship or legal status? Yes No Will you consent to a mandatory controlled substance test? Job Skills/Qualifications Please list below the skills and qualifications you possess for the position for which you are applying:

(Note: Amaxx, Inc. complies in may be necessary for eligible			
hire may be tested on skill/ag professional.)			•
noressional.)		¥	
Education and Training			
High School			
Name	Location (City, State)	Year Graduated	Degree Earned
College/University			
Name	Location (City, State)	Year Graduated	Degree Earned
Vocational School/Specializ	zed Training		
Name	Location (City, State)	Year Graduated	Degree Earned
What was your military rank How many years did you ser What military skills do you po	ve in the military?	et for this position?	
Previous Employment Employer Name:			
Job Title:			
Supervisor Name: Employer Address:	Name of the last o		
City, State and Zip Code:			
Employer Telephone: Dates Employed:	9		
Reason for leaving:			
Employer Name:			
Job Title: Supervisor Name:			
Employer Address:			
City, State and Zip Code: Employer Telephone:			

Dates Employed:	
Reason for leaving:	
Employer Name:	
Job Title:	
Supervisor Name:	
Employer Address: City, State and Zip Code:	
Employer Telephone:	
Dates Employed:	
Reason for leaving:	
References Please provide 2 personal and profe	essiona reference(s) below:
Reference	Contact Information
AT MULL EMBLOYMENT	
AT-WILL EMPLOYMENT The relationship between you and	the Amaxx, Inc. is referred to as "employment at will." This means
without notice, by you or the Amax any agreement contrary to the fore employment is "at will," and that yo regarding your employment can al	ninated at any time for any reason, with or without cause, with or x. Inc No representative of Amaxx, Inc. has authority to enter into ecoing "employment at will" relationship. You understand that your u acknowledge that no oral or written statements or representations liter your at-will employment status, except for a written statement ecutive Vice-President/Chief Operations Officer or the Company's
Applicant Signature:	Dated: