

Employment Policies

Read the following paragraphs carefully.

AUTHORIZATION TO WORK: If Hired, proof of eligibility to work in the U.S. will be required.

PHYSICAL EXAMINATION & MEDICAL HISTORY: I understand that if I am offered employment, such employment will be conditional upon passing a physical/drug examination. I also understand that false, misleading, omitted information or other post offer medical documents is grounds for termination. I hereby agree that all medical information collected on these questionnaires and during the exam may be released by Steere Enterprises.

AUTHORIZATION TO INVESTIGATE: I authorize you to make such investigations and inquiries into my personal, employment, financial, and educational matters as may be necessary to arrive at an employment decision. I hereby release current/former employers, schools, and all other persons from liability in responding to inquiries connected with my application.

ACKNOWLEDGEMENT THAT EMPLOYMENT IS TERMINABLE AT WILL: I understand that if I am hired by Steere Enterprises, either Steere Enterprises or I have the right to terminate the employment relationship at any time for any reason. This right to terminate at will may be changed only by a written agreement signed by the President of Steere Enterprises.

DEDUCTION AUTHORIZATION: I authorize Steere Enterprises to deduct from my paychecks any money that I may owe to Steere Enterprises at any time.

CERTIFICATION OF TRUTH AND IMPLICATION OF FALSE APPLICATIONS STATEMENT(S): I certify that all answers and information I have given in this application are true and complete to the best of my knowledge. I realize that any false or misleading information or omission of relevant material in this application, interview(s), or medical information may result in a refusal to offer employment, or if unemployed, may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.