



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION				DATE	
NAME					
<i>Last</i>		<i>First</i>		<i>Middle</i>	<i>Maiden</i>
<i>CURRENT ADDRESS</i>					
<i>Street</i>			<i>City</i>		<i>State Zip</i>
PERMANENT ADDRESS					
<i>Street</i>			<i>City</i>		<i>State Zip</i>
E-MAIL ADDRESS			SOCIAL SECURITY #		
PHONE NUMBER					
<i>Home</i>		<i>Work</i>		<i>Cellular</i>	
ARE YOU A U.S. CITIZEN OR ALIEN AUTHORIZED TO WORK IN THE U.S.? YES NO				ARE YOU 18 YEARS OR OLDER? YES NO	
IF AUTHORIZED ALIEN, WHAT TYPE OF VISA DO YOU HOLD:					
POSITION APPLYING FOR:		WHEN AVAILABLE:		EXPECTED SALARY: \$	
HOW DID YOU HEAR ABOUT THIS POSITION: Website / Newspaper / Referral / Recruiter / Other (explain)					
ARE YOU EMPLOYED NOW? YES NO		IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? YES NO			
HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? YES NO		IF YES, WHERE?		WHEN?	
HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? YES NO IF YES (explain): (Conviction will not necessarily disqualify applicant from employment)					
EDUCATION / TRAINING	NAME OF SCHOOL CITY AND STATE	# OF YEARS ATTENDED	DID YOU GRADUATE?	IF YES, WHAT YEAR?	MAJOR OR SUBJECTS STUDIED
HIGH SCHOOL				NOT REQUIRED	
COLLEGE - UNDERGRADUATE					
COLLEGE - GRADUATE					
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL					
U.S. NAVAL / MILITARY SERVICE BRANCH:			RANK:	ARE YOU AN ACTIVE MEMBER IN THE NATIONAL GUARD OR RESERVES? YES NO	
EMPLOYMENT HISTORY LIST YOUR LAST 3 EMPLOYERS, BEGINNING WITH THE MOST RECENT					
DATE: MONTH / YEAR	NAME OF EMPLOYER CITY AND STATE	POSITION	SALARY	REASON FOR LEAVING	
FROM: /					
TO: /					
FROM: /					
TO: /					
FROM: /					
TO: /					

SUMMARIZE SPECIAL JOB-RELATED SKILLS / QUALIFICATIONS YOU ACQUIRED FROM PREVIOUS EMPLOYMENT / EXPERIENCES:

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION:

PROFESSIONAL REFERENCES

NAME OF CONTACT	NAME OF COMPANY	POSITION	CONTACT PHONE #	YEARS KNOWN

IN CASE OF EMERGENCY NOTIFY

NAME	RELATIONSHIP	ADDRESS	PHONE #

By my signature below, I acknowledge that my employment with Hella is contingent on my consent to take any and all physical, medical, and/or median nerve examinations, including blood, urine and/or other tests for alcohol, drugs, and/or controlled substances at any time and as required by my employer, Hella, its agents, directors, officers and management staff. Furthermore, I voluntarily and knowingly give my consent for the release of the test results and other relevant medical information to Hella for review and appropriate action. I understand that if I am employed, I may be subject to disciplinary action including dismissal for refusal to comply with such testing and/or if the results of my test are found to be positive (the presence of alcohol, illegal drugs, and/or controlled substances).

Any ideas, inventions or improvements made or conceived by me during my employment with Hella, its subsidiary's and joint venture partners relating to Hella activities, or work I perform for Hella, shall be the sole property of the Hella. I will execute all papers necessary to vest title thereto in Hella of its nominee(s) in the United States and foreign countries.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I also authorize investigation of the truth of all statements contained in this application by Hella and release Hella from all liability for any damage that may result from investigating such information. By my signature below, I understand that all employment with Hella is employment "at will". This means that employment with Hella, including any current or future work assignments, may be terminated with or without notice and with or without cause. Further, in no event shall hiring or placement with Hella be considered a contract of employment.

SIGNATURE OF APPLICANT _____ DATE _____

HELLA IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT DISCRIMINATE OF THE BASIS OF AGE, SEX, RACE, COLOR, NATIONAL ORIGIN, RELIGION, CREED, POLITICAL AFFILIATION, BELIEF, OR DISABILITY.

AUTHORIZATION FOR RELEASE OF EMPLOYMENT INFORMATION

I understand that, without an executed Authorization for Release of Employment Information, my previous employers may not release information from personnel file other than to verify employment, dates of employment, position(s) held and rate(s) of pay.

I hereby authorize the release of any information regarding my previous employment to Hella North America Inc. I understand the information which may be released would include, but would not necessarily be limited to, my earnings record, dates of employment, attendance, disciplinary record, performance evaluations, separation data, physical examination and such other personnel documents which may be found in the company's records regarding my employment.

I hereby expressly release any organization and its agents from any and all liability whatsoever arising out of the release of information concerning my employment with the company.

Signature of Applicant

Social Security Number

Date