



APPLICATION FOR EMPLOYMENT DON "K" Whitefish

DATE: _____

Don "K" is an Equal Opportunity Employer

NAME: _____ **SOCIAL SECURITY NUMBER:** _____

ADDRESS: _____
(No.) (Street) (City) (State) (Zip Code)

TELEPHONE NUMBER: _____ **ALTERNATE NUMBER:** _____

Have you worked under any other name? yes no If yes, please list name(s) _____

Do you have a valid driver's license? yes no State of issue: _____ Class _____

EDUCATION

Name, location, city & state _____ Circle last _____ List Degrees Received _____
Year completed _____
High School: _____ 1 2 3 4 _____

College: _____ 1 2 3 4 _____

Other (specify): _____

List any specialized training relative to the position applied for:

POSITION: _____ **MINIMUM WAGE DESIRED** _____

Full time _____ Part time _____ Date available to start? _____ Are you presently employed? yes no

May we contact your present employer? yes no Have you applied to our company before? yes no

What prompted you to seek employment at Don "K" Whitefish? _____

REFERENCES

Please list the names, addresses, and telephone numbers of 3 professional references:

NAME ADDRESS TELEPHONE NUMBER

1. _____

2. _____

3. _____

WORK HISTORY

Last 10 year work history starting with your present employer. Please account for all time including military service, part-time employment and any periods of unemployment. Supplement work history sheets are available or you may use a blank piece of paper.

| | | |
|-----------------------------------|-------------------------|----------------------|
| Name of Employer: _____ | <u>Employment Dates</u> | <u>Pay or Salary</u> |
| Address: _____ | From: | Start: |
| City, State, Zip: _____ | To: | Final: |
| Telephone Number: _____ | | |
| Supervisor: _____ | | |
| Your Last Job Title: _____ | | |
| Reason for leaving? (be specific) | | |

| | | |
|-----------------------------------|-------------------------|----------------------|
| Name of Employer: _____ | <u>Employment Dates</u> | <u>Pay or Salary</u> |
| Address: _____ | From: | Start: |
| City, State, Zip: _____ | To: | Final: |
| Telephone Number: _____ | | |
| Supervisor: _____ | | |
| Your Last Job Title: _____ | | |
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| | | |
|-----------------------------------|-------------------------|----------------------|
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| Address: _____ | From: | Start: |
| City, State, Zip: _____ | To: | Final: |
| Telephone Number: _____ | | |
| Supervisor: _____ | | |
| Your Last Job Title: _____ | | |
| Reason for leaving? (be specific) | | |

From time to time employees may drive company or customer vehicles.

| | | |
|--|---|--|
| Name of Employer: _____ Address: _____ City, State, Zip: _____ Telephone Number: _____ Supervisor: _____ Your Last Job Title: _____ | <u>Employment Dates</u> From: To: | <u>Pay or Salary</u> Start: Final: |
| Reason for leaving? (be specific) | | |
| | | |
| Name of Employer: _____ Address: _____ City, State, Zip: _____ Telephone Number: _____ Supervisor: _____ Your Last Job Title: _____ | <u>Employment Dates</u> From: To: | <u>Pay or Salary</u> Start: Final: |
| Reason for leaving? (be specific) | | |

Do you have a valid driver's license? yes no

Have you ever been convicted of a felony? yes no If yes, please complete the following:

Date: _____ Place: _____ Offense: _____ Disposition: _____

PLEASE REVIEW AND SIGN

I understand that this employment application and any other Don "K" Whitefish documents are not contracts of employment. I understand that if hired, all newly hired employees are in a probationary period for 6 months from the date of hire. This is a period during which both the employee and Don "K" Whitefish management can evaluate whether the employment relationship will meet both our needs. At any time during the probationary period either party may terminate the employment relationship, with or without cause. This application for employment shall be considered active for six months. Any applicant wishing to be considered for employment beyond that time period should reapply.

I certify that answers given herein are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial, and criminal history as well as inquiries about my character, honesty, habits, ability, and records of conviction, if any. I further understand that any false statements, misrepresentations made by me or material omissions made by me on this application will be sufficient grounds for immediate termination.

APPLICANT SIGNATURE: _____ **DATE:** _____

DON “K” Whitefish
DRUG TESTING PROGRAM

Don “K” Whitefish has a vital interest in maintaining safe, healthful and efficient working conditions for its customers and employees. Using or being under the influence of drugs, and/or alcohol on the job may post serious safety and health risks not only for the user, but to the public and all those who work with the user. The possession, use or sale of an illegal drug or controlled substance may also pose unacceptable risks to safe, healthful and efficient operations.

TO MEET THIS COMPELLING INTEREST, INDIVIDUALS WHO WISH TO BE CONSIDERED FOR EMPLOYMENT MUST AGREE TO PRE-PLACEMENT DRUG TESTING AND DRUG AND ALCOHOL TESTING DURING EMPLOYMENT.

By completing and signing this Notice and the employment application, the applicant understands and agrees to submit to drug and alcohol testing during the course of employment as provided for in the Company’s Substance Abuse Policy. The applicant further understands and agrees to release Don “K” Whitefish and its directors, officers, agents, employees, parents, subsidiaries and affiliated concerns from any and all liability, claims, demands damages and causes of action of every kind and nature arising out of or resulting from or in connection with submitting to drug and alcohol testing and any decision concerning employment made by Don “K” Whitefish in whole or in part, based upon the results of drug and alcohol testing.

ANY APPLICANT WHO IS UNWILLING TO AGREE TO THESE CONDITIONS SHOULD NOT APPLY FOR EMPLOYMENT WITH DON “K” Whitefish.

Applicants Signature: _____ Date: _____

VOLUNTARY SELF-IDENTIFICATION

This data will be used solely for research and statistical purposes insuring that the compliance of government reporting requirements are met. Your cooperation is greatly appreciated. Please be assured that providing the below information is voluntary. THIS INFORMATION IS NOT UTILIZED IN MAKING HIRING DECISIONS.

NAME: _____ DATE OF APPLICATION: _____

DATE OF BIRTH: _____ SEX: Male () Female ()

PLEASE CHECK:

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> American Indian or Alaskan Native |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | |

ARE YOU:

A PERSON WITH A DISABILITY?

yes no

A person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment or is regarded as having such an impairment.

A DISABLED VETERAN?

yes no

A VETERAN WHO SERVED ON ACTIVE DUTY?

yes no

A RECENTLY SEPARATED VETERAN?

yes no

If yes, date of separation _____

THIS FORM IS FOR HUMAN RESOURCRES INTERNAL USE ONLY AND DOES NOT STAY WITH THE APPLICATION.