

APPLICATION FOR EMPLOYMENT

(WE ARE AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER)

APPLICANT'S STATEMENT

I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring, promotion, transfer, and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, religion, handicap or disability, or any other category protected by federal, state, or local law.

I authorize former and present employers, and professional, work, and personal references listed in the application and any other individuals I may name, to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages that may result or arise from any drug test or the provision of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. Should I be employed, I understand that my employment will be on a trial period for ninety (90) days from the date of my hiring, and that I will remain an at-will employee thereafter. I further understand that, if I am employed, I can terminate my employment at any time with or without cause and with or without advance notice, and that the Company has a similar right. I understand that no manager, representative, or agent of the Company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, except that the President may do so in writing.

The information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading, or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment or subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that the Company may obtain a consumer report on me for use in connection with my application and, if I am hired, my employment with the Company. I authorize the Company to obtain this report.

This application will be considered "active" for a maximum of thirty (30) days. To be considered for employment after that time, you must reapply.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS.

Date

Applicant's Signature

**** Each inquiry on this application must be fully answered or completed.
Otherwise, you will not be considered for employment. ****

PERSONAL DATA

Last Name		First Name		Middle Name	
Present Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____			
Previous Address Street and Number City, State, Zip		How long have you lived there: Years _____ Months _____			
Telephone Number(s)		Social Security Number		Are you 18 years of age or older: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position Desired: _____ Placement Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary					
When are you available for work? _____					

PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Include part-time and seasonal employment. If self-employed, give firm name and supply business references. DO NOT ANSWER "SEE RESUME." Fill out this form **completely**.

Employer 1	Dates Employed		Work Performed
	From	To	

Telephone Number(s)					
Address		Hourly Rate/Salary			
		Starting	Final		
Job Title	Supervisor Name & Title				
Reason for Leaving					
Employer 2		Dates Employed		Work Performed	
		From	To		
Telephone Number(s)		Hourly Rate/Salary			
Address		Starting	Final		
Job Title	Supervisor Name & Title				
Reason for Leaving					
Employer 3		Dates Employed			Work Performed
		From	To		
Telephone Number(s)		Hourly Rate/Salary			
Address		Starting	Final		
Job Title	Supervisor Name & Title				
Reason for Leaving					
Employer 4		Dates Employed			Work Performed
		From	To		
Telephone Number(s)		Hourly Rate/Salary			
Address		Starting	Final		
Job Title	Supervisor Name & Title				
Reason for Leaving					

BACKGROUND INFORMATION

Please explain fully any gaps in your employment history. Be sure to account for all periods of time including military service and any period of unemployment.

List any other names which you may have used and which will be necessary to verify prior to your employment: _____

If hired, can you provide proof that you are legally entitled to work in the U.S.? ☐ Yes ☐ No
If not, what steps must be taken for you to begin employment lawfully? _____

Have you ever been terminated or asked to resign from any job? ☐ Yes ☐ No
If yes, please explain circumstances: _____

May we contact your current employer? ☐ Yes ☐ No
If no, please explain: _____

Have you ever worked for this Company before? ☐ Yes ☐ No
If yes, please give dates and position: _____

Do you have any friends or relatives working here or for one of our other companies? ☐ Yes ☐ No
If yes, Name(s) and Relationship: _____

How were you referred to us? _____

Have you ever plead guilty or no contest to, or been convicted of, any misdemeanor or felony? ☐ Yes ☐ No
Have you been arrested for any matters for which you are out on bail or on your own recognizance pending trial? ☐ Yes ☐ No

NOTE: Answering “yes” to either of the two preceding questions does not constitute an automatic bar to employment. Do not include minor traffic citations and arrests or convictions that have been sealed or expunged in answering these questions.

If you answered yes to either of the two preceding questions, please give dates and details: _____

Do you have any commitments to any other employer that may affect your employment? ☐ Yes ☐ No
If yes, explain: _____

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Experience, Training, Skills, and Extra-Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				

RELEVANT EXPERIENCE

Please indicate positions you have held in prior jobs:

Management/Supervision

- ___ General Manager
- ___ Operations Manager
- ___ Sales Manager
- ___ Warehouse Manager
- ___ Office Manager
- ___ Shift Supervisor
- ___ Other: _____

Office/Administrative/Sales

- ___ Accounting
- ___ General Clerical
- ___ Secretary (Wpm: _____)
- ___ Switchboard/Receptionist
- ___ Sales Representative
- ___ Customer Service
- ___ Other: _____

Production

- ___ Machine Operator
- ___ Mechanic
- ___ Other: _____
- ___ Other: _____

Warehouse

- ___ Stock Clerk
- ___ Forklift Operator
- ___ Order Picker/Puller
- ___ Stacker/Loader
- ___ Shipping/Receiving Clerk
- ___ Delivery
- ___ Other: _____

List any professional designations, certifications, licenses, or courses that may be applicable to the position for which you are applying: _____

OTHER INFORMATION

Please describe any other experience that you have which would be relevant to the job for which you are applying:

DRIVING INFORMATION (Complete only if driving is an essential function of the job for which you are applying).

Do you have a current valid driver’s license? ☐ Yes ☐ No If yes, License No.: _____ State: _____ Expiration Date:_____

If you do not have a driver’s license for the state in which you currently reside, why not? _____

Has your license ever been suspended or revoked? ☐ Yes ☐ No If yes, explain: _____

Do you have personal automobile insurance? ☐ Yes ☐ No If no, explain: _____

Have you ever been denied personal automobile insurance or has it ever been terminated or suspended? ☐ Yes ☐ No If yes, explain:

Have you ever plead guilty or no contest to, or been convicted of, a charge of DWI or DUI? ☐ Yes ☐ No

Are you out on bail or on your own recognizance pending trial on a charge of DWI or DUI? ☐ Yes ☐ No

If you answered yes to either of the two preceding questions, please give dates and details: _____

Please list all moving traffic violations in the last five (5) years:

OFFENSE	DATE	LOCATION	COMMENTS