



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 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, which 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 did you live 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		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 2		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 3		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
Reason for Leaving				
Employer 4		Dates Employed		Work Performed
		From	To	
Telephone Number(s)				
Address		Hourly Rate/Salary		
Job Title	Supervisor Name & Title	Starting	Final	
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, 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 pleaded “no contest,” nolo, or guilty to a crime, or been convicted of a crime? Yes No

Are any charges currently pending against you? Yes No

Has any adjudication ever been withheld? Yes No

(NOTE: Answering “yes” to these questions does not constitute an automatic bar to employment.) If you answered yes to any of the preceding questions, please give dates and details:

Do you have any commitments to any other employer which 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:

- | | | | |
|---|---|---|---|
| <u>Management/Supervision</u> | <u>Office/Administrative/Sales</u> | <u>Production</u> | <u>Warehouse</u> |
| <input type="checkbox"/> General Manager | <input type="checkbox"/> Accounting | <input type="checkbox"/> Machine Operator | <input type="checkbox"/> Stock Clerk |
| <input type="checkbox"/> Operations Manager | <input type="checkbox"/> General Clerical | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Forklift Operator |
| <input type="checkbox"/> Sales Manager | <input type="checkbox"/> Secretary (Wpm: _____) | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Order Picker/Puller |
| <input type="checkbox"/> Warehouse Manager | <input type="checkbox"/> Switchboard/Receptionist | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Stacker/Loader |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> Sales Representative | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Shipping/Receiving Clerk |
| <input type="checkbox"/> Shift Supervisor | <input type="checkbox"/> Customer Service | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Delivery |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | <input type="checkbox"/> 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.: _____ 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 been convicted, pled guilty, or pled nolo to a charge of DWI or DUI? Yes No

Are any charges currently pending against you? If yes to either question, explain: _____

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

OFFENSE	DATE	LOCATION	COMMENTS



**DISCLOSURE OF INTENT TO OBTAIN
CONSUMER REPORTS OR INVESTIGATIVE CONSUMER REPORTS**

For employment purposes, the Company may obtain consumer reports on you as an applicant or from time to time during employment. "Consumer reports" are reports from consumer reporting agencies and may include driving records, criminal records, etc.

For some employment purposes, the Company may also obtain investigative consumer reports. An "investigative consumer report" is a consumer report in which information as to character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, acquaintances, or others. You have a right to report disclosure of the nature and scope of an investigation and to request a written summary of consumer rights.

AUTHORIZATION

I authorize the Company to obtain consumer reports and / or investigative consumer reports regarding me from time to time for employment purposes.

Signature: _____ Date: _____

Print Name: _____

Driver's License Number: _____ State: _____

Other Driver's Licenses Held in Past 5 years: _____

Print Other Names Under Which Records May be Listed: _____

Month of Birth (01-12): Day of Birth (01-31):

If the Company requests an investigative consumer report and you would like to receive a disclosure of the nature and scope of the investigation and a written summary of consumer rights, check here:

