

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

A clear understanding of your background and work history will help us evaluate your qualifications for employment.
Please print and answer each question completely, even if you are submitting a resume.

PERSONAL					
LAST NAME	FIRST NAME	MIDDLE INITIAL	TODAY'S DATE	CELL PHONE	
CURRENT ADDRESS			CITY	STATE	
			ZIP	HOME TELEPHONE	
ARE YOU LESS THAN 18 YRS. OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF HIRED, CAN YOU PROVIDE PROOF OF IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF JOB INVOLVES DRIVING, INDICATE YOUR DRIVER'S LICENSE # - STATE - CLASS -	HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED OR REVOKED? <small>(ANSWER ONLY IF A DRIVER'S LICENSE IS REQUIRED TO PERFORM THE DUTIES OF THE JOB YOU ARE SEEKING)</small> <input type="checkbox"/> YES <input type="checkbox"/> NO		
OTHER NAME(S) UNDER WHICH YOU HAVE BEEN PREVIOUSLY EMPLOYED OR ATTENDED SCHOOL:		NAMES OF FRIENDS OR RELATIVES EMPLOYED AT THIS COMPANY:			
HAVE YOU EVER APPLIED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATE AND POSITION APPLIED FOR:	HAVE YOU EVER BEEN EMPLOYED AT THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES OF EMPLOYMENT:		
ARE THERE ANY REASONS THAT MAY CAUSE YOU TO BE ABSENT OR LATE, OR NOT MEET THE ATTENDANCE REQUIREMENTS OF THE POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU AVAILABLE TO WORK OVERTIME OR A FLEXIBLE WORK SCHEDULE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF HIRED, DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION TO AND FROM WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU EVER PLED GUILTY OR NO CONTEST TO, OR HAVE BEEN CONVICTED OF A MISDEAMEANOR OR FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, LIST ALL DATES, OFFENSES AND DISPOSITION. <i>(DO NOT INCLUDE MINOR TRAFFIC INFRACTIONS OR LIST CONVICTIONS FOR WHICH THE RECORD HAS BEEN JUDICIALLY SEALED OR EXPUNGED; CONVICTIONS FOR WHICH PROBATION HAS BEEN SUCCESSFULLY COMPLETED OR OTHERWISE DISCHARGED AND THE CASE HAS BEEN DISMISSED; RERERALS TO AND PARTICIPATION IN ANY PRE-TRIAL OR POST-TRIAL DIVERSION PROGRAMS; AND MARIJUANA-RELATED OFFENSES THAT OCCURRED OVER TWO YEARS AGO. NOTE: LISTED CONVICTIONS DO NOT CONSTITUTE AN AUTOMATIC DISQUALIFICATION FROM EMPLOYMENT.)</i>					
EMPLOYMENT INTERESTS					
POSITION DESIRED OR AREA OF INTEREST:		SECOND CHOICE:	DATE AVAILABLE TO START WORK	WAGE OR SALARY EXPECTED	
DO YOU HAVE ANY PRIOR EXPERIENCE WORKING IN THE MANUFACTURING INDUSTRY OR WHOLESALE DISTRIBUTION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, PLEASE EXPLAIN:</i>					
HAVE YOU EVER BEEN ASKED TO RESIGN OR YOUR EMPLOYMENT BEEN TERMINATED? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, PLEASE EXPLAIN:</i>					
CAN YOU SAFELY AND EFFICIENTLY PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING, WITH OR WITHOUT REASONABLE ACCOMMODATION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF NO, PLEASE EXPLAIN:</i>					
TYPE OF EMPLOYMENT YOU ARE SEEKING: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER		SHIFTS YOU CAN WORK: <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT		CAN YOU TRAVEL IF A JOB REQUIRES IT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HOW WERE YOU REFERRED TO OUR COMPANY? <input type="checkbox"/> ADVERTISEMENT <input type="checkbox"/> OTHER COMPANY <input type="checkbox"/> AGENCY <input type="checkbox"/> EMPLOYMENT SERVICE <input type="checkbox"/> EMPLOYEE <input type="checkbox"/> SCHOOL <input type="checkbox"/> SELF <input type="checkbox"/> OTHER			NAME OF REFERRAL SOURCE:		
EDUCATION AND SKILLS					
SCHOOL OR INSTITUTION	NAME AND ADDRESS OF SCHOOL/INSTITUTION	MAJOR	UNITS COMPLETED AND GRADE AVERAGE	DEGREES AND/OR DIPLOMAS RECEIVED	
HIGH SCHOOL					
COLLEGE					
OTHER					
HONORS OR AWARDS RECEIVED:		PROFESSIONAL CERTIFICATES OR LICENSES HELD:			
PLEASE INDICATE ANY FOREIGN LANGUAGES THAT YOU: SPEAK _____ READ _____ WRITE _____		ARE YOU CURRENTLY TAKING ANY EDUCATIONAL COURSES? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, WHAT COURSES AND WHERE?</i>			
DESCRIBE ANY SPECIALIZED TRAINING, EXPERIENCE, COMPUTER OR OTHER SKILLS THAT YOU HAVE THAT ARE RELATED TO THE JOB:					
HAVE YOU EVER BEEN IN MILITARY SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>IF YES, GIVE TYPE OF DISCHARGE _____ NOTE: A DISHONORABLE OR GENERAL DISCHARGE IS NOT AN ABSOLUTE BAR TO EMPLOYMENT. OTHER FACTORS WILL AFFECT A FINAL DECISION TO HIRE OR NOT TO HIRE.</i>					
REFERENCES					
LIST PROFESSIONAL OR BUSINESS CONTACTS OR CO-WORKERS WE MAY CONTACT WHO ARE QUALIFIED TO EVALUATE YOUR CAPABILITIES (DO NOT INCLUDE RELATIVES)			TELEPHONE	OCCUPATION	YEARS KNOWN
NAME	ADDRESS	CITY	STATE	ZIP	

EMPLOYMENT HISTORY (TO BE COMPLETED BY ALL APPLICANTS)

GIVE EMPLOYMENT RECORD AS COMPLETE AS POSSIBLE, LISTING CURRENT OR MOST RECENT EMPLOYER FIRST. SHOW UNEMPLOYED OR SELF-EMPLOYED PERIODS AND INDICATE DATES AND COMMENT ON EACH PERIOD. INCLUDE PART-TIME OR SUMMER WORK ONLY IF YOU ARE A RECENT GRADUATE. YOU MAY USE EXTRA SHEETS FOR ADDITIONAL INFORMATION. **RESUMES MAY BE SUBMITTED, BUT NOT AS A SUBSTITUTE FOR THE FOLLOWING INFORMATION.**

COMPANY NAME (CURRENT OR LAST)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING
IF STILL EMPLOYED, MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO			
COMPANY NAME (NEXT PREVIOUS)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING
COMPANY NAME (NEXT PREVIOUS)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING
COMPANY NAME (NEXT PREVIOUS)	ADDRESS	TELEPHONE	DATES EMPLOYED (MONTH/YEAR) FROM: _____ TO: _____
JOB TITLE	SUPERVISOR'S NAME AND TITLE	TYPE OF BUSINESS	BASE RATE OF PAY (HR./WEEK/MONTH) START: _____ END: _____
DESCRIPTION OF DUTIES:			REASON FOR LEAVING

APPLICANT'S ACKNOWLEDGMENTS

- I hereby certify under penalty of perjury that all of the information that I have provided on this Employment Application is true, complete and correct. I have not withheld any information that would, if disclosed, affect this Application unfavorably. I understand that any misrepresentation, fabrication, falsification or omission of information may result in the denial of employment. I also understand that if I am employed and any information provided by me is later to be found false, incomplete, inaccurate, or information has been omitted, in any respect, I may be dismissed at any time at the sole discretion of the Company.
- I understand that the Company may conduct a background check and investigate any criminal record and my prior employment history. I understand that any offer of employment may be conditioned on satisfactory completion of a medical or physical examination and/or drug and alcohol screening. I agree to sign a release of medical information authorization form and to submit to a medical or physical examination and/or drug and alcohol testing should the Company condition my offer of employment upon successful completion of such an examination or drug and alcohol testing.
- I authorize the Company to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications and suitability for employment. I further authorize my former employers, references, schools and any other organization to disclose to the Company (without giving me prior notice of such disclosure) any and all information about my previous employment and education, along with other pertinent information they may have regarding me. In addition, I hereby release the Company and any of its affiliates, my former employers, references, and any other individuals or parties who release information to the Company from any and all liabilities, claims, demands, or damages arising out of or in any way related to such investigation or disclosure.
- Except as required in the performance of my duties, I understand and agree that, if I am hired, I will not at any time during or after my employment with the Company use, disclose or disseminate any confidential information or any other information of a secret, proprietary, or generally undisclosed nature relating to the Company, or its products, services, customers, employees, plans or procedures. I agree to deliver to the Company any and all copies of confidential information, or other Company property, upon termination of the employment relationship or at any time upon the Company's request.
- I expressly agree and understand that, if employed, my employment is for an unspecified term and is at-will. Therefore, my employment may be terminated at any time, with or without notice, for any or for no reason, and with or without cause, at my option or at the Company's option. Additionally, the terms of any employment at the Company, including but not limited to, promotion, demotion, discipline, transfer, compensation, benefits, duties, and location of work, may be changed by the Company at any time, with or without notice. Although other terms or conditions of employment may change, this at-will employment relationship will remain in effect throughout my employment. This at-will employment relationship cannot be changed, modified, amended or rescinded except by an individual written agreement signed by both me and the President of the Company.

I acknowledge that I have read all of the above statements and that I understand them. In addition, I agree the statements above supersede and replace any prior understandings or discussions I have had with the Company or any of its agents, officers, representatives; and set forth the complete understanding between me and the Company regarding these matters.

Print Name of Applicant

Signature

Date