

# Application For Employment



Last Name:

We consider all applications for all positions without discrimination on the basis of race, color, religion, creed, sex (including pregnancy), national origin, citizenship, age, disability, military status or any other legally protected status.

PLEASE **PRINT** ALL INFORMATION OTHER THAN YOUR SIGNATURE

Specify which position(s) you are applying for:

Wages desired

Date of Application

Last Name

First Name

Middle Name

Address

Number

Street

City

State

Zip Code

Primary Telephone Number

Secondary Telephone Number

E-mail Address:

If you are under 18 years of age, can you provide legal proof of your eligibility to work?

Yes No

If you are hired, will you be legally eligible for employment in this country?

Yes No

(If hired, you will be required to provide proof of employment eligibility)

Have you previously applied for a position with this Company or a company

Yes No If yes, list dates and division:

Have you ever been employed at this Company before?

Yes No If yes, list dates and division:

What caused you to leave this Company?

Do you have reliable means or source of transportation to your work site if hired by us?

Yes No

If you are hired by us, are you available to travel overnight if your job requires it?

Yes No

Are you available to work overtime on a short notice?

Yes No

Have you ever been convicted of any crime, other than minor traffic tickets?

Yes No

If yes, Please explain: (Do not include expunged or eradicated convictions. Convictions will not necessarily disqualify an applicant from employment.)

Which shift(s) are you willing to work?

Full Time 1st 2nd 3rd

(Please mark all that apply)

Part Time 1st 2nd 3rd

If you marked more than one shift, please mark your first preference here:

1st 2nd 3rd

Which days are you available to work?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

When are you available to begin employment?

Do you have any friends or relatives employed at this Company?

No

If yes, state names and relationships:

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

First Name:

# Employment History

List your last four employers, starting with your most recent. You must fill out the Employment History completely.

Employer _____		Address _____			
City _____ State _____		Telephone Number (s) _____			
Supervisor _____		Supervisor's Title _____			
Your Job Title(s) _____		Job Duties _____			

  

	From	To		Start	Final
Date Employed			Hourly/Salary Rate		

Reason For Leaving \_\_\_\_\_

  

Employer _____		Address _____			
City _____ State _____		Telephone Number (s) _____			
Supervisor _____		Supervisor's Title _____			
Your Job Title(s) _____		Job Duties _____			

  

	From	To		Start	Final
Date Employed			Hourly/Salary Rate		

Reason For Leaving \_\_\_\_\_

  

Employer _____		Address _____			
City _____ State _____		Telephone Number (s) _____			
Supervisor _____		Supervisor's Title _____			
Your Job Title(s) _____		Job Duties _____			

  

	From	To		Start	Final
Date Employed			Hourly/Salary Rate		

Reason For Leaving \_\_\_\_\_

If you feel you need additional space, please continue on a separate sheet of paper.

# Employment History - continued

Employer			Address		
City		State		Telephone Number (s)	
Supervisor			Supervisor's Title		
Your Job Title(s)			Job Duties		
	From	To		Start	Final
Date Employed			Hourly/Salary Rate		
Reason For Leaving					

All employers, including your current employer, may be contacted to verify the information you provide.  
May we contact your current employer prior to any offer of employment to you? Yes ☐ No ☐

# Educational and Training History

Educational Institute	Address	Major	Did You Graduate	# of Years Completed
High School				
College or University				
Trade School				
Additional Training				

# Specialized Skills

<input type="checkbox"/> PC (explain below)	<input type="checkbox"/> Kanban	<input type="checkbox"/> Tow Motor	<input type="checkbox"/> Paint Spray	<input type="checkbox"/> Grinding
<input type="checkbox"/> Inventory	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Welding	<input type="checkbox"/> Transportation	<input type="checkbox"/> Woodworking

# Equipment Skills

Computer Skills: \_\_\_\_\_

\_\_\_\_\_

Machinery Equipment: \_\_\_\_\_

\_\_\_\_\_

State any additional business related information you feel may be helpful in considering your application.

\_\_\_\_\_

\_\_\_\_\_

# Applicant's Statement

I certify all information given on this application and any supporting information I provide is true and complete and I authorize a complete investigation of it and of my representations in this application. I understand that, if hired, I may be discharged if the Company, at any time learns of any falsification or omission in the information I have provided and if discovered prior to hire, I would be ineligible for consideration for not only this position, but future positions as well. I authorize the Company to contact all former and current employer references and all educational institutions in any investigation. All references are authorized to release all information requested which they might have about me. I hereby release this Company and all references from any liability which might be claimed because of information provided by such references.

I understand that if I am hired, I must follow all Company policies, rules, procedures and all other directions. I understand I may terminate my employment at any time for any reason without prior notice.

I understand that if I am hired, I will be employed at the will of the Company and my employment can be terminated at any time, with or without notice.

I understand that I do not have an employment contract with the Company.

I understand the Company is committed to promoting safety and high standards of employee performance, productivity and reliability. In order to achieve this, applicants and employees are subject to a drug screening prior to being hired. This is to assure the Company that applicants do not currently have narcotics, sedatives, stimulants and other controlled substances and/or mood-altering substances in their body. I understand if I have any such substance in my body at the time of the drug screening, the Company will not hire me.

I further understand if at any time during my employment with this Company, if I am hired, my supervisor, or any other manager, may require, as a term and condition of continued employment, a substance test if they have a reasonable suspicion that I am under the influence of illegal drugs or alcohol or pursuant to the random testing of all employees.

I further understand that if I am selected as a finalist for any position with this Company, it will conduct an investigation of criminal convictions. NOTE: You will not be automatically excluded from consideration if you have been convicted of a crime. Your suitability for the position sought will be evaluated based upon the totality of circumstances.

I understand the Company reserves the right to add to, change and/or delete it's policies, procedures, work rules and benefits at any time.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**NOTE: NO CONSIDERATION OF EMPLOYMENT WILL BE GIVEN TO ANY APPLICANT THAT DOES NOT  
READ AND SIGN THE ABOVE STATEMENT.**

**DO NOT WRITE IN THIS SECTION - FOR COMPANY USE ONLY**

Date Received: \_\_\_\_\_ Call No Answer: \_\_\_\_\_ Left Message: \_\_\_\_\_

Data Entry Date: \_\_\_\_\_ Date of Interview: \_\_\_\_\_ Time of Interview: \_\_\_\_\_

Call in for Interview: \_\_\_\_\_ Yes \_\_\_\_\_ No Continue Process: \_\_\_\_\_ Yes \_\_\_\_\_ No