

All statements made by applicants for employment on this application form will be carefully checked for accuracy. The use of this form does not mean there are positions open and does not obligate us in any way. This application will remain on active file for a period \_\_\_\_\_ months from date of application.

INSTRUCTION: Answer every question. PRINT LEGIBLY.

PERSONAL INFORMATION

Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
No. Street (Apt No., Bldg. No.) City State Zip

How many years have you lived at this address? \_\_\_\_\_ Telephone No. (At Home)(\_\_\_\_) \_\_\_\_\_  
(For Message)(\_\_\_\_) \_\_\_\_\_

Job(s) applied for: 1. \_\_\_\_\_ Rate of pay required \$ \_\_\_\_\_ per \_\_\_\_\_  
2. \_\_\_\_\_ Rate of pay required \$ \_\_\_\_\_ per \_\_\_\_\_

Full Time  Part Time  Part-Time Student  Part-Time Summer Only  Part-Time Seasonal

Are you physically capable of heavy manual labor? \_\_\_\_\_

Have you worked for us before?  No  Yes If yes, when and where? \_\_\_\_\_

If hired, do you have a reliable means of transportation to get to work? \_\_\_\_\_

If hired, on what date will you be able to start work? \_\_\_\_\_

If part-time, what hours and days of the week would you be available for work? \_\_\_\_\_

List any friends or relatives working for us? \_\_\_\_\_

Have you had a serious illness, or non-job related injury which has left you with a condition which might interfere with your ability to do the job?  No  Yes (explain) \_\_\_\_\_

Have you ever had an on-the-job injury which has left you with a condition which might interfere with your ability to do the job?  No  Yes (explain) \_\_\_\_\_

Do you have ANY physical limitations and/or medical condition which would affect your ability to perform the job(s) applied for?  No  Yes If yes, describe the condition(s) and explain the work limitations \_\_\_\_\_

Have you ever been discharged or asked to resign?  No  Yes If yes, explain in full \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor, excluding traffic violations for which a fine \$50.00 or less was imposed.  No  Yes If yes to either, describe in full (including dates) \_\_\_\_\_

Have you ever been refused a bond by an employer?  No  Yes

Have there ever been shortages or misunderstandings about merchandise or funds at a place of employment which involved you?  No  Yes If yes, explain in full \_\_\_\_\_

**MILITARY SERVICE RECORD**

Were you in the US Armed Forces?  No  Yes If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_ To \_\_\_\_\_ Rank of discharge \_\_\_\_\_

Month Day Year      Month Day Year

List duties in the service including special training \_\_\_\_\_

Are you presently in the Armed Forces Reserve?  No  Yes

Active  Inactive Branch \_\_\_\_\_

**EDUCATION**

Circle highest grade completed: 5 6 7 8 9 10 11 12 College 1 2 3 4 5 6

**HIGH SCHOOL**

**COLLEGE: Give highest degree received**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City                      State

City                      State

Last year attended \_\_\_\_\_ Graduated  No  Yes

Last year attended \_\_\_\_\_ Graduated  No  Yes

Course of study \_\_\_\_\_

Course of study \_\_\_\_\_

Grades:  Above average  Average  Below average

Grades:  Above average  Average  Below average

If NOT a high school graduate, do you have an equivalency diploma?  No  Yes

What special vocational or business courses have you taken? \_\_\_\_\_

**JOB KNOWLEDGE ABILITIES**

Indicate below jobs skills you've acquired and equipment you can operate. Include time spent in each area (years, months, weeks)

Skills	How much time	Skills	How much time	Equipment	How much time	Equipment	How much time
Mechanical <input type="checkbox"/>		Customer Service <input type="checkbox"/>		Truck Driver		Calculator <input type="checkbox"/>	
Electrical <input type="checkbox"/>		Dispatching <input type="checkbox"/>		Van <input type="checkbox"/>		Drill Press <input type="checkbox"/>	
Building Construction <input type="checkbox"/>		Truck Maint <input type="checkbox"/>		Flatbed <input type="checkbox"/>		Arc Welder <input type="checkbox"/>	
Plumbing <input type="checkbox"/>		Security <input type="checkbox"/>		Forklift <input type="checkbox"/>		Radial <input type="checkbox"/>	
Hardware <input type="checkbox"/>		Drafting <input type="checkbox"/>		Cash Register <input type="checkbox"/>		Arm Saw <input type="checkbox"/>	
Cabinets <input type="checkbox"/>		Blueprint Reading <input type="checkbox"/>		Typewriter <input type="checkbox"/>		Component Saws <input type="checkbox"/>	
Miiwork <input type="checkbox"/>		Commercial Art <input type="checkbox"/>		Typesetting <input type="checkbox"/>		Other <input type="checkbox"/>	
Lumber <input type="checkbox"/>		Bookkeeping <input type="checkbox"/>		Key Bunch <input type="checkbox"/>		_____	
Grading <input type="checkbox"/>		Other <input type="checkbox"/>		Computer Word Processing <input type="checkbox"/>		_____	
Bulding <input type="checkbox"/>						_____	
Supply <input type="checkbox"/>						_____	
Sale <input type="checkbox"/>						_____	

Do you have a valid chauffeur's license?  No  Yes      Chauffeur's License Number \_\_\_\_\_

**PRIOR WORK HISTORY**

List in order, list or present employer first) Employment record should include last 10 years. If a student or been retired within the past 10 years, please indicate.

Dates		Complete Name, Address and Telephone Number Of Employer	Rate of Pay		Supervisor's Name & Title	Reason For Leaving
From	To		Start	Finish		

Describe in detail the work you did: \_\_\_\_\_

Dates		Complete Name, Address and Telephone Number Of Employer	Rate of Pay		Supervisor's Name & Title	Reason For Leaving
From	To		Start	Finish		

Describe in detail the work you did: \_\_\_\_\_  
 \_\_\_\_\_

Dates		Complete Name, Address and Telephone Number Of Employer	Rate of Pay		Supervisor's Name & Title	Reason For Leaving
From	To		Start	Finish		

Describe in detail the work you did: \_\_\_\_\_  
 \_\_\_\_\_

Dates		Complete Name, Address and Telephone Number Of Employer	Rate of Pay		Supervisor's Name & Title	Reason For Leaving
From	To		Start	Finish		

Describe in detail the work you did: \_\_\_\_\_  
 \_\_\_\_\_

Describe in detail the work you did: \_\_\_\_\_  
 \_\_\_\_\_

Note: Use additional sheets if necessary.  
 May we contact the employers listed above?  No  Yes If not, indicate below which one(s) you do not wish us to contact and why. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CHARACTER REFERENCES**

NAME	ADDRESS	PHONE	NO. OF YEARS KNOWN
1. _____			
2. _____			
3. _____			

TO THE APPLICANT

Are you 18 years old or over?  No  Yes (employment is subject to verification that you are of minimum legal age.)

Are you a United States citizen?  No  Yes If not a citizen of the U.S., can you provide proof that you can legally be employed on the Untied States?  No  Yes

What languages can you read and write fluently? \_\_\_\_\_

IN CASE OF EMERGENCY NOTIFY:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street City State Area Code

CERTIFICATION

I agree to undergo a character and credit investigation at Company expense and understand that this inquiry will include, but not be limited to, personal interviews with third parties, such as family members, business associates, financial and credit sources, etc.

Futher, I hereby release my former employers and other character and credit sources from all liability or damages on account of having furnished information regarding my personal character, habits, work record, credit hisotry, etc. I agree to take polygraph, drug examinations and other examinations for pre-employment as well as during the course of my employment. I understand the examina tions will be at the expense of the Company, and that thay are a condition of employment. I understand and agree that my initial employment with this Company shall be probationary. I further undertsand that employment during the probationary period is in no way a guarentee of employment thereafter. Futher more, I understand that if, following my probation my employment is continued, the employment relationship is at will and may be terminated by either party at any time.

If accepted for employment, I hereby agree to abide by all rules and policies of the Company as explained in the Employee Handbook and its amendments from time to time, and to wear all personal protective equipment required for the occupation in which I am engaged. I agree to provide additional medical information which may be required to take a medical or any other type of examinantion (at the expense of the Company) necessary to qualify or retain employment with the company.

I fully understand that if I fail to answer, falsify the answer, or enter misleading answers to any question or fail to provide information which might make any of my answers on the application misleading, that this alone may result in a refusal to hire or in my termination if I am hired and I hereby agree that the Company shall not be liable in any respect if my employment is terminated or if I am not hired for this reason.

I HEREBY ACKNOWLEDGE that I have read and fully understand the above certification.

Date: \_\_\_\_\_ Signature of Applciant \_\_\_\_\_

In the remaining space, briefly explain why you desire to work for \_\_\_\_\_ and why you would make a good employee: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

References checked with (1) \_\_\_\_\_  
(2) \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

Sex:  Male  Female Date of Birth \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_

Acceptable for employment \_\_\_\_\_ Effective Date \_\_\_\_\_ Job Title \_\_\_\_\_ Rehire?  No  Yes

Full-Time  Part-Time  Part-Time Student  Part-Time Summer  Part-Time Seasonal  Temporary

Work Comp Code \_\_\_\_\_ Group \_\_\_\_\_ Rate \_\_\_\_\_

Approved by \_\_\_\_\_ Personnel Approval \_\_\_\_\_