

Please answer all appropriate questions completely. All qualified applicants will receive consideration without discrimination based on sex, marital status, race, age, creed, national origin, veteran status, disability, or any other basis prohibited by federal, state, or local law. Additional job related testing for skills may be required. Certain positions may require additional testing and medical reviews to determine job fitness. A medical review (if necessary) or drug test will be required only **after** a job offer has been made. As an equal opportunity employer, the Company intends to comply fully with all laws and the information requested on this Application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

APPLICANT INFORMATION

Last Name		First	Middle	Application Date
Position(s) Desired				
Applicant Street Address			County	
City	State	Zip+4	Length of time at this address	
Home Telephone	Work Telephone		Other Telephone (Cell)	
How did you learn of this position?				
Are you legally eligible for employment in the United States?			Date available to start	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever applied for employment with us before?			Are you 18 or older?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever worked for this company or any affiliated company?			If yes, position(s) and date(s)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Apart from absence for religious observances, are you available full-time?			If no, what hours can you work?	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
What shift(s) would you be able and willing to work?			Will you work overtime if necessary?	
<input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Any			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency Contact Name		Emergency Contact Relationship		Emergency Contact Phone

APPLICANT HISTORY

Previous Addresses				
Address	City	State	Zip+4	Length of time at this address
Address	City	State	Zip+4	Length of time at this address
Address	City	State	Zip+4	Length of time at this address
Have you served in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, branch and dates:			
Military duties performed and training that you have received:				

CRIMINAL CONVICTIONS

Hawaii Employment Only: State law prohibits the following question at the pre-employment state. Therefore, please do not answer.

Massachusetts Employment Only: State law prohibits the following question at this time. Therefore, please do not answer.

California Employment Only: Answer only this question and skip the next question. Have you been convicted of a crime, and/or released from incarceration for any criminal conviction within the past seven (7) years? Yes No

All Applicants: A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question and as far back as applicable law allows.

Question: Have you been convicted of a crime in the last seven (7) years, excluding misdemeanors and those which have been sealed, annulled, expunged, or statutorily eradicated? Yes No

If yes, provide all details:

EDUCATION HISTORY

TYPE	SCHOOL NAME & LOCATION	COURSE OF STUDY	COMPLETED	DEGREE EARNED
HIGH SCHOOL			<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
GRADUATE			<input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS / TRADE			<input type="checkbox"/> Yes <input type="checkbox"/> No	

Other special training or skills (forklift, computer programs/applications, languages, machine operation, etc.) that you feel are relevant to the job for which you are applying:

Driver's License Number (if position requires driving): _____

(Note: Discrimination in any manner based upon this information is prohibited by federal law.)

EMPLOYMENT HISTORY

(Begin with current or most recent employer)

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year)	
				Start:	End:

Company Name		Telephone		Name of Immediate Supervisor	
Address	City	State	Zip	Employment Dates (month and year)	
				From:	To:
Job Title and Description of Work		Reason for Leaving		Wage / Salary (per hour or year)	
				Start:	End:

I, _____, hereby declare all of the statements and information contained in this Application for Employment to be complete and true. I understand that as part of normal employment procedures an inquiry may be made concerning information on my character, general reputation, criminal history, driving history, and personal characteristics. My present employer may, or may not (**check one**) be contacted. Any false or misleading statements or omissions in connection with this application may result in termination of the application process or any subsequent employment of this applicant by the Company. All positions with the Company are terminable "at will" by the Company at any time.

Revised 04/2014 Signature of Applicant _____

Date _____

SECTION 2