



Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodations to the application and/or interview process should notify a representative of the Human Resources Department.

PLEASE PRINT

Position(s) Applied for _____ Date of Application ____/____/____

Referral Source Advertisement Employee Relative Government Employment Agency

Walk-In Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____ Social Security # _____

LAST FIRST MIDDLE

Address _____

STREET CITY STATE ZIP CODE

Phone # (____) _____ Cell/Beeper/Other # (____) _____ Email Address _____

If necessary, the best time to call you at home is ____:____ a.m. p.m.

May we contact you at work? Yes No If yes, # (____) _____ and best time to call ____:____ a.m. p.m.

If you are under 18 and it is required, can you furnish a work permit? Yes No

Certain positions require applicants to be 18 years or older. Do you meet this requirement? Yes No

If no, please explain: _____

Have you submitted an application here before? Yes No

If yes, list date(s) and position(s) _____/____/____

Have you ever been employed here before: Yes No If yes, give dates ____/____/____ to ____/____/____

Are you legally eligible for employment in this country? Yes No

Date you will be available for work: ____/____/____ What is your desired hourly rate/salary range? \$ _____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Will you relocate if the job requires it? Yes No Will you travel if the job requires it? Yes No

Are you able to meet attendance requirements of the job? Yes No Will you work overtime if required? Yes No

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAN TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL ALL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

AN EQUAL OPPORTUNITY EMPLOYER

SHIFT AVAILABLE	
DAY _____	NIGHT _____

Educational Background

A. List last three (3) schools attended, starting with the most recent. **B.** Number of years completed. **C.** Degree or diploma earned, if any. **D.** Grade point average or class rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

SCHOOL	YRS COMPLETED	DEGREE/DIPLOMA	GPA/CLASS RANK	MAJOR	MINOR

References

List name and telephone number of three (3) business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three (3) school or personal references who are NOT related to you.

NAME	PHONE #	# YEARS KNOWN

Additional Information

List professional, trade, business or civic associations and any offices held.
EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.:
EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider:

Employment History

Provide the following information about your past and current employers, assignments or volunteer activities, starting with the most recent. (Use additional sheets if necessary.) Explain any gaps in employment in comments section below.

EMPLOYER		DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED/JOB RESPONSIBILITIES
		from	to	
ADDRESS				
PHONE # ()	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	HOURLY RATE/SALARY		
		starting		
STARTING JOB TITLE/ FINAL JOB TITLE		\$	per	
IMMEDIATE SUPERVISOR/TITLE		HOURLY RATE/SALARY		
		final		
REASON FOR LEAVING		\$	per	

EMPLOYER		DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED/JOB RESPONSIBILITIES
		from	to	
ADDRESS				
PHONE # ()	MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	HOURLY RATE/SALARY		
		starting		
STARTING JOB TITLE/ FINAL JOB TITLE		\$	per	
IMMEDIATE SUPERVISOR/TITLE		HOURLY RATE/SALARY		
		final		
REASON FOR LEAVING		\$	per	

EMPLOYER		DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED/JOB RESPONSIBILITIES
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		starting		
STARTING JOB TITLE/ FINAL JOB TITLE		\$	per	
IMMEDIATE SUPERVISOR/TITLE		HOURLY RATE/SALARY		
		final		
REASON FOR LEAVING		\$	per	

EMPLOYER		DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED/JOB RESPONSIBILITIES
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		starting		
STARTING JOB TITLE/ FINAL JOB TITLE		\$	per	
IMMEDIATE SUPERVISOR/TITLE		HOURLY RATE/SALARY		
		final		
REASON FOR LEAVING		\$	per	

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT: _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. _____

APPLICANT STATEMENT

Note to Applicant: Do not answer the following question unless you have been informed about the requirements of the job for which you have applied.

Are you capable of performing in a reasonable manner, with or without reasonable accommodation, the activities involved in the job or occupation available? You have read the job description of the activities involved in such a job or occupation and the job description has been reviewed with you. Yes No

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to (I) cancel further consideration of this application, or (II) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I also understand that all new hires beginning April 1, 1999 must satisfactorily pass required post offer/pre-employment drug screening tests as a condition of employment at Shur-Co® and, if hired, will submit to random drug testing.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date _____