

## APPLICATION FOR EMPLOYMENT

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status, veteran status, handicap, or disability, or any other prohibited basis. All applicants will be treated fairly in conformity with all existing federal and state laws. In answering the questions below, if you have any doubt as to the propriety or legality, ask the personnel office for an explanation of the questions. If you are still in doubt, do not answer.

### PERSONAL

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_  
No. Street City State Zip Code

Home Telephone \_\_\_\_\_ Business Telephone \_\_\_\_\_

If you are under 18 years of age, do you have a work permit?  Yes  No

Social Security Number \_\_\_\_\_

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously have used?  Yes  No If yes, explain: \_\_\_\_\_

If you are not a U.S. Citizen, does your visa or immigration status permit lawful employment?  Yes  No

If employed, can proof of citizenship, visa or alien registration number be provided?  Yes  No

Have you ever been convicted of a criminal offense other than a minor traffic offense? An affirmative response will not automatically disqualify you from being considered as a candidate for employment.  Yes  No

If yes, explain: \_\_\_\_\_

### GENERAL

Position applying for \_\_\_\_\_

Salary desired \_\_\_\_\_ Date available for work \_\_\_\_\_

How were you referred to this organization? \_\_\_\_\_

Have you ever worked for this organization before?  Yes  No

If yes, give details: Dates \_\_\_\_\_ Position \_\_\_\_\_

Please complete this section if the job for which you are applying might require you to drive company vehicles.

Do you have a valid driver's license?  Yes  No Number of years of driving experience \_\_\_\_\_

License number and state: \_\_\_\_\_

Class of licenses held \_\_\_\_\_ Number of years experience \_\_\_\_\_ Have you had an accident in the last five years?  Yes  No

If yes, please give details: \_\_\_\_\_

Have you been cited for any moving violations in the last five years?  Yes  No If yes, please give details: \_\_\_\_\_

Has your driver's license ever been suspended, revoked, denied or cancelled?  Yes  No If yes, please explain: \_\_\_\_\_

## YOUR WORK EXPERIENCE

List all employers for last ten (10) years starting with your most recent or current position. Include in your record any period of unemployment, if any. *If you need extra space, attach an additional page.*

Are you presently employed?  Yes  No

Are you on layoff and subject to recall?  Yes  No If yes, to where? \_\_\_\_\_

Present or Last Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

If "No", please explain: \_\_\_\_\_

May we contact your present employer at this time: \_\_\_\_\_

Yes  No If "No", please explain: \_\_\_\_\_

Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

If "No", please explain: \_\_\_\_\_

## WORK EXPERIENCE CONTINUED

Next Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Phone: \_\_\_\_\_

Starting Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Final Position: \_\_\_\_\_ Pay: \$ \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_ Name & Title of Supervisor \_\_\_\_\_

Description of Your Work and Responsibilities: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Will you receive a satisfactory reference from this employer?  Yes  No

If "No", please explain: \_\_\_\_\_

Except for vacations and holidays, how many work days were you absent during the last calendar year?

0-5 days \_\_\_\_\_ 6-10 days \_\_\_\_\_ 11-15 days \_\_\_\_\_ 16-20 days \_\_\_\_\_ 21 days or more \_\_\_\_\_

## EDUCATION

NAME & LOCATION	COURSE OF STUDY	DID YOU GRADUATE? IF SO, DEGREE RECEIVED
High School _____		
College _____		
Trade/Technical School _____		
Other _____		

## MILITARY SERVICE

Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

Have you ever been in the United States Armed Services?

Yes  No What branch? \_\_\_\_\_

Describe any skills you acquired in the Service which would be useful to the job for which you are applying: \_\_\_\_\_

## IN CASE OF EMERGENCY, NOTIFY:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_



**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete. I also agree that any false or misleading information or significant omissions may disqualify me from further consideration or employment and may be considered justification for any dismissal at a later date.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time and that refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including discharge.

In consideration of my employment with the Company, I agree to abide by all the Company's rules, regulations and directions. I understand that the Company reserves the right to add, change, and/or delete its policies, procedures and benefits at any time without prior notice to me. Any time after a conditional offer of employment or during employment, if hired, I authorize any physician or health care provider to release information advising the Company: (1) whether I am currently able to perform the specific job for which I am being considered or employed with or without reasonable accommodation and the basis for such conclusions; (2) whether I can perform the job without posing a direct threat to the health or safety of myself or others.

**I understand that to the extent permitted by applicable law my employment is terminable-at-will, that I am not being employed for any specified time, and that this application is not (and is not intended to be) a contract for continued employment. I understand that I have the right to terminate the employment relationship for any reason with or without cause at any time, with or without notice, and the Company reserves the right to do the same.**

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record. I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release the Company and all named and unnamed sources from any and all liability which might result from furnishing any information about me.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

This employment application will be considered active for thirty (30) days from the date below. If I want to be reconsidered for a job with the Company after this period of time I must fill out another application.

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

**FOR MARYLAND APPLICANTS ONLY**

**"Under Maryland Law an employer may not require or demand any applicant for employment or prospective employment or any employee to submit to or take a Polygraph, Lie Detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100." (Applicable to persons applying for a position in Maryland.)**

Signature \_\_\_\_\_

**EMPLOYMENT INFORMATION (To be completed by employer)**

Start Date \_\_\_\_\_ Employee Number \_\_\_\_\_

Position Title \_\_\_\_\_ Shift \_\_\_\_\_

Department \_\_\_\_\_ Salary Grade \_\_\_\_\_ Rate of Pay \_\_\_\_\_

Name: \_\_\_\_\_

Please check one or more preferred work shifts:

\_\_\_\_\_ **First Shift**

Monday-Friday  
7:00 am-3:30 pm  
40 hour work week  
8 hr. day + 1/2 hour lunch

\_\_\_\_\_ **Second Shift**

Monday-Friday  
3:24 pm - 11:54 pm  
40 hour work week  
8 hr. day + 1/2 hr. lunch

\_\_\_\_\_ **Any Shift**

\_\_\_\_\_ **Weekends**

\_\_\_\_\_ **Evenings**

Important: As a condition of employment, steel toe safety shoes must be provided and worn by employees in the following positions:

1. Drivers
2. Material Handlers
3. Shipping/Receiving
4. Warehouse
5. Maintenance Department