



## APPLICATION FOR EMPLOYMENT

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<b>Address</b>	<b>Number</b>	<b>Street</b>
		<b>City</b>
		<b>State</b>
		<b>Zip Code</b>
<b>Telephone Number(s)</b>		<b>Social Security Number</b>

<b>Position(s) Applied For:</b>	<b>Date of Application:</b>
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Employment Agency <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	

Best time to contact you at home:

\_\_\_\_:\_\_\_\_ AM  
PM

If less than 18 years of age, can you provide required proof of your eligibility to work?

Yes    No

Have you ever filed an application with us before?  
If yes, give date: \_\_\_\_\_

Yes    No

Have you ever been employed with us before?  
If yes, give date: \_\_\_\_\_

Yes    No

Do any of your friends or relatives, other than spouse, work here?  
If yes, state name, relationship and location: \_\_\_\_\_

Yes    No

Are you currently employed?

Yes    No

May we contact your present employer?

Yes    No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

Yes  No

*Proof of citizenship or immigration status will be required upon employment.*

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \_\_\_\_\_

Are you available to work:  Full Time (Please indicate 1 2 3 shift)

Part Time (Please indicate Mornings Afternoon Evenings)

Temporary (Please indicate dates available: \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_)

Are you currently on "lay-off" status and subject to recall?

Yes  No

Can you travel if a job requires it?

Yes  No

**ADDITIONAL INFORMATION**

1. Have you ever been convicted of a felony within the last 15 years?  Yes  No  
If yes, please explain (Will not necessarily exclude you from consideration).

2. Do you have a valid driver's license?  Yes  No

3. Have you had any driver's license suspensions over the period of the last five (5) years?  Yes  No

4. Do you have any physical limitations that would prevent you from being able to perform as a "bottle packer inspector" including the ability to frequently lift a 35 pound box approximately 30 to 50 times per shift?  Yes  No

5. Are you capable of standing and/or walking in the workplace for 8 hours or more per shift?  Yes  No

6. List forklift experience: \_\_\_\_ None, \_\_\_\_ Some (less than one hour per shift), \_\_\_\_ Moderate (less than 4 hours per shift), \_\_\_\_ Heavy (greater than 4 hours per shift).

7. List five year career goal:

**EDUCATION**

School	Name and Address of School	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

**List professional, trade, business or civic activities and offices held.**  
*You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.*

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**SPECIALIZED SKILLS** *(Skills/Equipment Operated)*

Computer Training/Applications (list):      Production/Mobile Machinery (list):      Other (list):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any specialized training, apprenticeship, skills and extra-curricular activities. Also include any additional information you feel may be helpful to us in considering your application.

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**WORK EXPERIENCE***Start with your present or most recent job.*

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number(s)			
Starting/Present Job Title	Hourly Rate/Salary		
Supervisor	Starting	Final	
Reason for Leaving			May We Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No

**PERSONAL / PROFESSIONAL REFERENCES** *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

**Applicant's Statement**

I certify that I have provided information that, to the best of my knowledge, is truthful and accurate. I understand that deliberate falsifications or significant omissions will be grounds for denying or terminating employment with EMPLOYER.

I understand that nothing in this application creates an employment contract or relationship. I also understand that if hired by EMPLOYER, my employment can be terminated at any time, by myself or EMPLOYER, for any grounds not prohibited by law.

EMPLOYER maintains a drug-free workplace. All applicants for this position must undergo a pre-employment drug screening at EMPLOYER's expense. Applicants testing positive for illegal substances will be disqualified from consideration. Upon hire, employees will be expected to abide by the company's drug testing policy.

To comply with the federal Immigration Reform and Control Act, EMPLOYER requires all new hires to show proof of their eligibility to work in the United States. Failure to produce the required documents will cause EMPLOYER to withdraw its job offer and terminate an individual's employment.

EMPLOYER is an equal opportunity employer. We recruit, hire, and promote employees without regard to race, color, religion, sex, age, national origin, citizenship, or disability. Individuals with disabilities who need assistance completing this application can contact the HR department to arrange suitable accommodations.

I agree to allow EMPLOYER to contact the people I have listed as references on this application. I also agree not to hold any references listed on this application liable for damages relating to any truthful information they provide regarding my qualifications for employment at EMPLOYER.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**