



# application for employment

266 INDUSTRIAL DRIVE, P O BOX 1517  
RAINSVILLE, AL 35986

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion or national origin.

## PERSONAL INFORMATION

Date \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

Present Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Previous Address \_\_\_\_\_ How Long? \_\_\_\_\_  
Street City State Zip

Phone ( ) \_\_\_\_\_ Social Security Number -- --

In school or in employment, have you ever been known by any other name? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the name \_\_\_\_\_

Referred to our company by \_\_\_\_\_

Can you present a valid drivers license and current social security card? Yes \_\_\_\_\_ No \_\_\_\_\_

## CHARACTER REFERENCES

Name	Phone Number

## EMPLOYMENT DESIRED

Position \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Date You Can Start \_\_\_\_\_

Ever Applied to this Company Before? \_\_\_\_\_ When \_\_\_\_\_

Are you able to work overtime if required? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you presently a member of the military reserves or National Guard? Yes \_\_\_\_\_ No \_\_\_\_\_

## EDUCATION

	Name and Location of School	Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
Grammar School			<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
High School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
College		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	
Trade, Business or Correspondence School		1 2 3 4	<input type="checkbox"/> Yes	
			<input type="checkbox"/> No	

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**MISCELLANEOUS**

Any friends or any relatives with this company? \_\_\_\_\_ If so, who? \_\_\_\_\_ Relation \_\_\_\_\_

How much experience do you have with computers? \_\_\_\_\_

Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_ If needed, are you available to work on Saturdays or Sundays? Yes \_\_\_\_\_ No \_\_\_\_\_

Can you provide documentation to verify your employment eligibility under the immigration laws? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been disciplined or fired? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Why? \_\_\_\_\_

Is there any reason why we cannot rely on you to work your regularly scheduled shift and overtime or weekends, when necessary? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, please explain \_\_\_\_\_

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**FORMER EMPLOYERS** List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

May we contact the employers listed above? Yes \_\_\_\_\_ No \_\_\_\_\_ If No, indicate which one(s) that you prefer that we not contact and state the reason why:

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**PHYSICAL RECORD/HEALTH HISTORY:**

Can you perform consistently and promptly any of the job duties you have applied for? Yes \_\_\_\_\_ No \_\_\_\_\_

If required for the position for which you are applying, will you consent to periodic physical examinations and blood or urine analysis at company expense?

(Note: This analysis may test for controlled substances) Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever sustained an on the job injury of any kind or nature? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain \_\_\_\_\_

Have you ever filed a claim for workers compensation benefits? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain \_\_\_\_\_

Do you have any commitments or responsibilities that may prevent you from fulfilling attendance requirements or may necessitate absences from work?

Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Explain \_\_\_\_\_

Have you suffered any injury or illness of a serious nature within the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Explain \_\_\_\_\_

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I hereby affirm that all the information provided herein is true. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature