

## Employment Application

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address					Apartment/Unit#				
City			State			ZIP			
Phone			E-mail Address						
Date Available			Social Security No.			Desired Salary			
Position Applied for		Admin <input type="checkbox"/> Forklift <input type="checkbox"/> Sorter <input type="checkbox"/> Warehouse <input type="checkbox"/> QC Food Safety <input type="checkbox"/> Sanitation <input type="checkbox"/> Boxer <input type="checkbox"/> Maintenance <input type="checkbox"/> House Builder <input type="checkbox"/> Other <input type="checkbox"/>							
Shift Applied for		AM <input type="checkbox"/> PM <input type="checkbox"/> Overnight <input type="checkbox"/>							
Are you authorized to work in the U.S.?		YES <input type="checkbox"/> NO <input type="checkbox"/>							
Have you ever worked for this company?		YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?			
If employed, are you willing to submit to a random drug/alcohol test?		YES <input type="checkbox"/> NO <input type="checkbox"/>							
EDUCATION									
High School			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/> Degree	
College			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/> Degree	
Other			Address						
From		To		Did you graduate?		YES <input type="checkbox"/>		NO <input type="checkbox"/> Degree	
REFERENCES									
<i>Please list three professional references.</i>									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									
Full Name			Relationship						
Company			Phone						
Address									

<b>PREVIOUS EMPLOYMENT</b>		
Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		
Company:		Phone:
Address:		Supervisor:
Job Title:		
Responsibilities:		
From:	To:	Reason for Leaving:
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>		

<b>MILITARY SERVICE</b>	
Branch:	From:            To:
Rank at Discharge:	Type of Discharge:
If other than honorable, explain:	

<b>DISCLAIMER AND SIGNATURE</b>	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature:	Date:

QUESTIONNAIRE		
1. Are you allergic to any nut products?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. If employed, are you willing to submit to a random drug/alcohol test?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. If employed, are you willing to submit to a Physical and/or Vision exam?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Do you have reliable transportation to and from work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are you able to stand for long periods of time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Are you able to sit for long periods of time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Are you available to work overnight?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Are you available to work mornings?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Are you able to lift 25 lbs.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Are you able to work in an environment with loud noises?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Are you able to communicate well with others?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Do you consider yourself a punctual person?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Do you easily get dizzy or nausea from constant moving objects?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Can you differentiate colors & sizes of small objects?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Are you able to work in a manufacturing setting conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>How did you hear about this position?</b>		
<input type="checkbox"/> Newspaper	<input type="checkbox"/> Company Employee	<input type="checkbox"/> Professional Publication
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Placement Office	<input type="checkbox"/> Website
<input type="checkbox"/> Other _____		

**Voluntary Information**

*This information is being requested in accordance with federal regulations. The information is voluntary and will not be used when considering you for employment with our company.*

<b>Racial or Ethnic Group</b>		
<input type="checkbox"/> American Indian/Alaskan	<input type="checkbox"/> Asian/Pacific Islander	<input type="checkbox"/> Black/African American
<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> Other
<b>Gender</b>		
<input type="checkbox"/> Female	<input type="checkbox"/> Male	