



Date: _____

Employment Application

General Information

Name: _____
Last First M.I.

Address: _____
Street City State Zip

Cell Phone: _____ Home Phone: _____

Drivers License: _____
Number State Exp. Y N CDL

Are you over the age of 18? Y N Date Available to start? _____

Position applied for: _____ Desired Salary: _____

Type of employment desired: Full Time Part Time Either

Days/Hours available to work:
Any _____ Wed _____ Sat _____
Mon _____ Thu _____ Sun _____
Tue _____ Fri _____ Overtime _____

Do you have any obligations that would require time away from scheduled work?
If so, please list day and time: _____

Have you ever been convicted of a felony? Y N If yes, please explain: _____

**Answering yes does not exclude you from consideration.*

Education

Circle last grade completed - 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4

Name and address of School	Major	Degree
<i>High School</i>		
<i>College/University</i>		
<i>Trade/Business School</i>		

Please list any skills you have that are appropriate for the position you are applying for:

Work History

Please list your work experience for the **past five years** beginning with your most recent job held.

Name, Address, & Phone Number	Supervisor's Name	Employment Dates	Pay or Salary
		From:	Start:
		To:	Final:
Your Title:			
Reason for Leaving (be specific):			
List the duties performed, skills used, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N			

Name, Address, & Phone Number	Supervisor's Name	Employment Dates	Pay or Salary
		From:	Start:
		To:	Final:
Your Title:			
Reason for Leaving (be specific):			
List the duties performed, skills used, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N			

Name, Address, & Phone Number	Supervisor's Name	Employment Dates	Pay or Salary
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Your Title:			
Reason for Leaving (be specific):			
List the duties performed, skills used, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N			

Name, Address, & Phone Number	Supervisor's Name	Employment Dates	Pay or Salary
		From:	Start:
		To:	Final:
Your Title:			
Reason for Leaving (be specific):			
List the duties performed, skills used, advancements or promotions while you worked at this company.			
May we contact this employer? <input type="checkbox"/> Y <input type="checkbox"/> N			

Skills

Based on the scale below to the right, please rate your knowledge or experience on the following:			
_____	Order Picking	_____	Lift Gate Operation
_____	Order Packing	_____	Dispatching
_____	Shipping	_____	Delivery Driver
_____	Receiving	_____	D.O.T. Regulations
_____	Inventory Control	_____	OSHA Regulations
_____	Forklift	_____	Computer Knowledge
_____	Pallet Jack	_____	Cash Handling
			Scale
			1=None
			2=Some
			3=Average
			4=Expert
			5=Advanced

Are you able to lift up to 75 pounds? Y N

Are you able to drive a 26 foot box truck? Y N

Have you ever been in a supervisory position? Y N If yes, how many people? _____

References

Please list 3 references			
Name	Phone Number	Years Known	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my Knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature

Date