



APPLICATION FOR EMPLOYMENT

Drug-Free Workplace. An Equal Opportunity Employer.

We do not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applying For: Fiberglass Shop Quality Admin. Materials Maintenance Other _____

Today's Date: ____ / ____ / ____ Are you seeking: Full-time Part-time Temporary When can you start work? _____

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older? Yes No (If you are hired you may be required to submit proof of age.)

Social Security Number _____ If hired, can you furnish proof you are eligible to work in the U.S.? Yes No

Have you ever applied here before? Yes No If yes, when? And for what position? _____

Have you ever been employed here? Yes No If yes, when? And for what position? _____

Have you ever been convicted of any law violation (other than a minor traffic violation)? Yes No

If yes, give details and dates: _____

(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offense, date, and the job for which you are applying will also be considered, but falsifying information will disqualify you.)

Are you now or do you expect to be engaged in any other business or employment? Yes No

If yes, please explain: _____

For jobs requiring driving only, do you have a valid driver's license? Yes No

Driver's License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years? Yes No

If yes, please give details and dates: _____

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) _____

LIST NAME AND ADDRESS OF EDUCATIONAL INSTITUTIONS	# of Years Completed	Diploma/Degree	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

What computer hardware and software programs are you proficient at? _____

Have you worked or attended school under any other name? Yes No If yes, give names: _____

Are you presently employed? If yes, may be contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

EMPLOYMENT HISTORY

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

From (Mo./Yr.)	To (Mo./Yr.)	Name of Employer	Job Title	Job Duties
Pay Start \$	Pay Final \$	Address	Supervisor	
Reason For Leaving		City, State, Zip	Telephone	
From (Mo./Yr.)	To (Mo./Yr.)	Name of Employer	Job Title	Job Duties
Pay Start \$	Pay Final \$	Address	Supervisor	
Reason For Leaving		City, State, Zip	Telephone	
From (Mo./Yr.)	To (Mo./Yr.)	Name of Employer	Job Title	Job Duties
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From (Mo./Yr.)	To (Mo./Yr.)	Name of Employer	Job Title	Job Duties
Pay Start \$	Pay Final \$	Address	Supervisor	
Reason For Leaving		City, State, Zip	Telephone	

Give three (3) references, not relatives or former employers already listed above:

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I hereby acknowledge receipt of notification regarding The Fair Credit Act, as amended by the Consumer Credit Reporting Reform Act of 1996, requires that an employer notify applicants of the employer's intent to use consumer report(s) when making employment decisions. This notice is to inform you that one or more consumer report(s) may be obtained concerning your application for employment. A "consumer report" is any written, oral, or other communication of any information by a consumer reporting agency bearing on an individual's credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. This includes, but is not limited to, credit reports, criminal and civil court history, Dept. of Motor Vehicle reports, and other sources of information relating to your reputation, personal characteristics, or mode of living.

I authorize the investigation of any or all statements contained in this application and also authorize any person, school, current employer (except as previously noted), past employers and organizations named in this application to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening examination. I hereby consent to a pre and/or post employment drug screen as a condition of employment, if required.

I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.

I have read, understand, and by my signature consent to these statements.

Signature: _____ **DRUG-FREE WORK PLACE** Date: _____