



APPLICATION FOR EMPLOYMENT

NAME: _____ DATE: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
NUMBER STREET CITY STATE COUNTY ZIP

TELEPHONE NUMBER: () - SOCIAL SECURITY NUMBER: - -

IF NECESSARY, THE BEST TIME TO CALL YOU AT HOME IS: _____ MAY WE CONTACT YOU AT WORK? YES [] NO []

IF YES, WORK NUMBER AND BEST TIME TO CALL: () - TIME: _____

POSITION(S) APPLIED FOR: _____ RATE OF PAY EXPECTED _____

REFERRAL SOURCE: [] ADVERTISEMENT [] EMPLOYEE [] OTHER
[] GOVERNMENT EMPLOYMENT AGENCY [] WALK IN
[] PRIVATE EMPLOYMENT AGENCY [] RELATIVE

NAME OF SOURCE (IF APPLICABLE): _____

DATE AVAILABLE FOR WORK: _____ [] FULL TIME [] PART TIME [] TEMPORARY [] SEASONAL [] EDUCATIONAL [] CO-OP

WHAT SHIFT(S) CAN YOU WORK? [] DAYS [] AFTERNOONS [] MIDNIGHTS

IF YOU ARE UNDER 18 YEARS, CAN YOU FURNISH A WORK PERMIT? [] YES [] NO

HAVE YOU EVER FILED AN APPLICATION HERE BEFORE? [] YES [] NO

IF YES, GIVE DATE: _____ / _____ / _____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE? [] YES [] NO

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY? [] YES [] NO

(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

HAVE YOU EVER BEEN IN THE ARMED FORCES OF THE UNITED STATES? [] YES [] NO

ARE YOU ON A LAY-OFF OR SUBJECT TO RECALL? [] YES [] NO

WILL YOU WORK OVERTIME IF REQUIRED?..... [] YES [] NO

IF REQUIRED BY EMPLOYER, WILL YOU UNDERGO PRE-EMPLOYMENT PHYSICAL/DRUG SCREEN (POST OFFER)..... [] YES [] NO

HAVE YOU EVER BEEN BONDED?..... [] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITHIN THE LAST 7 YEARS? [] YES [] NO

IF YES, EXPLAIN: _____

(SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT)

IN CASE OF ACCIDENT, PLEASE NOTIFY: (NAME, ADDRESS, PHONE)

SCHOOL	NAME	COURSE OF STUDY	LAST YEAR COMPLETED	DIPLOMA OR DEGREE
HIGH SCHOOL				
COLLEGE				
GRADUATE				

PLEASE LIST YOUR LAST FOUR EMPLOYERS BEGINNING WITH THE MOST RECENT ONE

EMPLOYMENT HISTORY	EMPLOYER AND ADDRESS	TITLE OR DUTIES	REASON FOR LEAVING	
DATES EMPLOYED				
FROM				TO
FINAL PAY RATE	SUPERVISOR	TELEPHONE		
\$				PER
DATES EMPLOYED				
FROM				TO
FINAL PAY RATE	SUPERVISOR	TELEPHONE		
\$				PER
DATES EMPLOYED				
FROM				TO
FINAL PAY RATE	SUPERVISOR	TELEPHONE		
\$				PER
DATES EMPLOYED				
FROM				TO
FINAL PAY RATE	SUPERVISOR	TELEPHONE		
\$				PER

COMMENTS (Including explanation of any gaps in employment _____)

SKILLS AND QUALIFICATIONS Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company.

The information set forth in this application for employment is true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal and that employment is contingent upon passing a physical examination.

I authorize you to make such investigations and inquiries of my personal, employment, and medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools or persons from all liability in responding to inquiries in connection with my application.

I understand that nothing contained in this employment application or the granting of an interview is intended to create a contract between me and Classic Products Corp. for either employment or the provision of any benefits. I further understand that if an employment relationship subsequently is established, I understand no representative of Classic Products Corp. has the authority to make any assurances to the contrary. I will have the right to terminate my employment at any time and the company will have a similar right. In addition, I understand that no promise, representation or agreement contrary to the foregoing is binding on the company unless made in writing and signed by any authorized official of Classic Products Corp.

SIGNATURE _____ DATE _____