

INSTRUCTIONS FOR COMPLETING APPLICATION

1. Fill out the entire application in ink.
2. Make sure that you list all of the information that is asked for in this application.
3. Your employment history is very important to us. You must give detailed explanations to all questions in particular "Duties" and "Reason for Leaving."

HIRING POLICIES

1. We hire applicants solely based upon merit. We do not discriminate on the basis of union affiliation, race, sex, color, age, national origin, disability or any other protected status.
2. No employee is required to pay dues to any labor organization to join our company.
3. We accept job applications only when we know there are jobs available and when we intend to fill the position(s). When openings become available, we reserve the right to review applications already on file, prior to hiring. Applications remain in an active file for 45 days. It is the applicant's responsibility to keep our hiring personnel informed of his/her availability.
4. We do not accept group applications or photocopied forms. We hire based on personal contact with individuals so that we can make sound business judgments as to the most qualified applicants.
5. Any applicant who falsifies or omits information on the application is disqualified from being hired. If the employee has been hired before the falsification or omission is discovered, he or she may be subject to termination.
6. We base our hiring decisions on a variety of factors, including skills and ability to perform the job, prior employment with us, employment references as to character and willingness to work, willingness to accept the offered salary, and personal interviews.
7. Full-time employees are expected to work only for us and must state that they will not be employed by any other employer while they work for us.

Signature of Applicant

Date

APPLICATION FOR EMPLOYMENT

(An Equal Opportunity Employer)

PLEASE PRINT

Date: _____

Are you below age 18? Yes No

Name

Social Sec. No.

Street

Have you applied here before? Yes No

City

State

Zip Code

How long have you worked here before?

U.S. Citizen? Yes No

Area Code

Business Telephone

If not, are you eligible to work in the U.S.? Yes No

Area Code

Home Telephone

Alien Registration #:

Person to be notified in case of an emergency:

Name

Telephone

Address

How were you referred to us?

Newspaper ad

School

On my own

Current Employee

Agency

Other

Name of referral source:

Please note: This application form was designed for use by applicants for various positions -- including field, clerical, professional, technical, and administrative. Answer the questions to the best of your ability. All information will be treated confidentially.

APPLICANT'S STATEMENT

READ THIS AGREEMENT THOROUGHLY AND CAREFULLY BEFORE SIGNING

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also understand and agree that any falsified information or significant omissions may disqualify me from further consideration for employment and, if discovered after I am hired, may result in dismissal. I also affirm that I am making this application because I am sincerely interested in being hired by the Employer, and not for any other purpose.

I also understand that if employment is offered and accepted, such employment is not for any specified term and can be terminated at any time, with or without notice, by either the Employer or me. I further understand that this application is not and is not intended to be a contract of continued employment, and that my at-will employment status cannot be changed. I further understand that no supervisor, manager or other employee or representative of the Employer has the authority to change the at-will nature of any employment and that any oral promises of employment for a definite period or that are otherwise contrary to my at-will status are not binding upon the Employer.

In consideration of my being considered for employment, I authorize a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and businesses requesting or supplying such information.

I understand that if offered employment, I will be required to submit to a drug screening test as a condition of my employment and/or continued employment. I further understand that refusing to submit to a test, or test results showing any detectable amount of illegal drugs, will subject me to immediate termination of employment.

I understand and agree that if I am hired, I am required to read and abide by all rules and regulations of the Employer governing the conduct of its employees. I hereby acknowledge and agree to abide by the rule which provides that the use or possession of illegal drugs, alcoholic beverages, firearms or weapons of any kind in any office, work location or facility of the Employer is prohibited and I further agree that I will not attempt to perform any work for the Employer or its related entities while under the influence of alcohol or any debilitating drug, legal or illegal.

I understand that during my employment I may be required to take a breathalyzer test for the purpose of determining any measurable amounts of alcohol in my body. I also understand that drug screen tests may be performed on a random basis during my employment and that my refusal to submit to a drug or alcohol test will result in immediate job termination.

I understand that if I am offered employment, I may be required, as a condition of employment, to undergo a physical examination for the purpose of determining whether I am able to perform the essential functions of the job for which I am applying. I hereby authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of such job. I understand that refusing to submit to the physical examinations will result in my not being considered for employment.

I understand that the Employer is a subscriber under the applicable workers' compensation laws.

If offered employment in a position which requires driving while on duty, I understand that being insurable by the Employer's automobile liability insurance carrier, or otherwise having a safe driving record (which includes keeping a valid driver's license); immediately reporting any accidents or traffic violations to the Employer; and satisfaction of Department of Transportation and State driving regulations, if applicable, are conditions of my employment or continued employment. If hired, I understand that should I fail to satisfy any of the above requirements I will be subject to immediate job termination. I further understand that I may fail to meet these requirements due to traffic violations, regardless of fault, occurring on or off the job, before or during the term of employment.

I certify that I am eligible for employment in the United States, and that the documents I furnished, or will furnish, to verify my eligibility is true and correct. I further understand and agree that if offered employment I will have three days to submit such documents. Failure to submit documents within three days will result in my not being considered for employment.

Applicant's Signature _____ Date _____

Note: This application will be retained for active consideration for employment for 45 days. Applicant can continue to be considered for employment after that date by calling the Employer's hiring office and indicating that he/she is still available for employment. After six months, it will be necessary that the applicant complete a new application if he/she wishes to be considered for employment.

FOR OFFICE USE ONLY

Interviewed by/Date	Interviewed by/Date
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TYPE OF WORK DESIRED

Indicate the position for which you are applying: _____

Do you wish to work: Full time; Part time; Temporarily? If part time, specify hours or days: _____

What is your minimum *hourly/weekly* salary requirement? _____ Date available for work _____

Do you have any commitments to another employer that might effect your employment with us? _____

GENERAL Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No

Please describe any accommodations required. _____

Have you ever been convicted of a criminal offense? Yes No Date _____ Place _____

Nature: _____ (An affirmative answer will not automatically disqualify you from being considered as a candidate for employment.)

SKILLS (Please list all skills you possess.) _____

Which, if any, warehouse or construction equipment have you operated? _____

Are you presently a student? Yes No Full Time _____ Part Time _____ Typing Speed _____

EDUCATIONAL DATA

E D U C A T I O N	SCHOOL	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	GRADUATED?	DEGREED?
	COLLEGE				
	HIGH				
	OTHER				

Professional Licenses/Certifications/Registrations _____ License No. _____ Year Issued _____

MILITARY EXPERIENCE

Were you in the U.S. Armed Forces? Yes No If yes, what branch? _____

Date of duty: From _____ To: _____ Rank at Separation _____

Briefly describe you duties _____