



APPLICATION FOR EMPLOYMENT

Please print in ink.
 You must complete entire application.

Position(s) applied for _____ Date of Application _____
 (Required)

Referral source: Agency Employee Advertisement
 Walk-in Relative Govt. Employment Agency
 Other _____
 Name of source (if applicable) _____

Name _____ - _____ - _____
 Last First Middle Social Security Number

Previous name, assumed name or nickname used in previous employment and/or school records:

Address: _____
 Street City State Zip Code

Day Telephone # () _____ Evening Telephone # () _____

Are you legally authorized to work in the U.S? Yes No
 (If hired, you will be required to provide proof of work authorization.)

Are you at least 18 years old? Yes No
 (If not, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit.)

Date available for work _____ Desired salary range \$ _____

Have you ever been convicted of a crime or pleaded no contest for any offense or violation other than minor traffic violations? Yes No

(If yes, explain 1) nature of crime, 2) date of conviction, and 3) county and state in which convicted. Convictions are not an automatic bar to employment).

Nature: _____
 Date: _____ County/State: _____

Do you have any pending criminal charges against you? Yes No
 (If yes, describe the 1) nature of the charges, 2) date issued, and 3) county and state where issued).

Nature: _____
 Date: _____ County/State: _____

Employment History (continued)

Name of Employer	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From: _____ To: _____
Description of Duties	
Starting Salary \$_____ Ending Salary \$_____	Reason for Leaving
If currently employed, may we contact as a reference? Yes No	

Name of Employer	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From: _____ To: _____
Description of Duties	
Starting Salary \$_____ Ending Salary \$_____	Reason for Leaving
If currently employed, may we contact as a reference? Yes No	

Name of Employer	Telephone ()
Address	
Job Title	Employment Dates (month and year)
Name of Immediate Supervisor	From: _____ To: _____
Description of Duties	
Starting Salary \$_____ Ending Salary \$_____	Reason for Leaving
If currently employed, may we contact as a reference? Yes No	

Comments (including explanation of any gaps in employment):

EDUCATIONAL BACKGROUND

School	Name and Location (City, State)	No. Years Attended	Major Subjects	Diploma or Degree Received
High School				Yes No
				GED received
College				Yes No
				Type:
Graduate				Yes No
				Type:
Other (Specify)				Yes No
				Type:

EMPLOYMENT REFERENCES

List individuals familiar with your job qualifications (no relatives or personal friends).

Name	Day Telephone ()
Address	Evening Telephone ()
Relationship	

Name	Day Telephone ()
Address	Evening Telephone ()
Relationship	

Name	Day Telephone ()
Address	Evening Telephone ()
Relationship	

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.)

List any additional information you would like us to consider. _____

AUTHORIZATION AND RELEASE

Please Read Carefully Before Signing This Form

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I authorize pertinent companies, schools, agencies, municipalities or persons to give to Felker Brothers Corporation any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with Felker Brothers Corporation. I understand Felker Brothers Corporation may request a signed Consent Form for Background Check at a later date should I be considered for an interview for the purposes of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that upon receiving a job offer, a drug screening will be required. Employment is contingent upon drug results being negative. Additional post-offer medical testing will be required if my job includes the wearing of a respirator. I consent to all such testing as a condition of my employment, if required.

Regardless of whether or not I become employed by the company, I recognize that this application is not and should not be considered a contract of employment. I understand employment at this company is on an at-will basis and my employment may be terminated with or without cause, and without notice, at any time, at my option or the company's unless specifically provided otherwise in a written employment contract. I further understand that no company employee or representative has the authority to enter into a contract regarding duration or terms and conditions of employment other than an officer or official of the company, and then only by means of a signed written document.

This application is current for only 180 days and is only effective for the position applied for. At the conclusion of the 180 days, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Signed by Applicant _____ Date _____
Signature Required

Thank you for your interest in our company.

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date _____

Referral Source

Walk-In Employee Relative School Other
Private Employment Agency Govt. Employment Agency Advertisement - Source _____

Applicant Information

Name _____ Male Female
Last First Middle
Address: _____ Telephone () _____
Street City State Zip Code

Please check one of the following Equal Employment Opportunity Identification Groups:

White (not of Hispanic origin) Black (not of Hispanic origin) Hispanic Asian/Pacific Islander
American Indian/Alaskan Native

For Administrative Use Only

Position(s) applied for Available Not Available
Other positions considered for _____
Hired Yes No Position hired for _____ Date _____

From the EEO job classifications listed below, which one best describes the position filled?

Officials and Managers Technicians Operatives (semi-skilled)
Office and Clerical Workers Sales Workers Laborers (unskilled)
Professionals Craft Workers (skilled) Service Workers

Notes _____

Completed by _____ Date _____