



APPLICATION for EMPLOYMENT

PERSONAL INFORMATION

Name		Date	
Address		E-Mail Address	
City, State, Zip Code		Home Phone Number	()
		Work Phone Number	()
Previous Address			
Social Security Number:			
Are you 18 years old or older?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
What shift(s) are you available to work?		<input type="checkbox"/> Day	<input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Are you able to work overtime?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you on layoff and subject to recall?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
For reference purposes, have you worked or attended school under a former name? If yes, please list former name:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever applied here before? If yes, when?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed here before? If yes, when?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are any relative currently employed here? If yes give full name:		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you able to perform the essential functions of the job you are applying for? If no, what accommodations would enable you to do so?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a felony? _____ If yes, please explain. _____			
<small>(Conviction itself does not constitute an automatic bar to employment and will be considered only if it relates to the requirements of the job applied for.)</small>			
How did you hear about the position and the company?			
Advertisement? If so, where? _____			
Recruiter? If so, who? _____			
Current Power Pallet Employee? If so, who? _____			

EMPLOYMENT PREFERENCE

Position Desired		Earnings Desired	
Location Desired		Are you available to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Available to Work		Are you willing to relocate? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EDUCATION, TRAINING AND SPECIAL SKILLS

Type of School	Name and Location	Did you graduate?	Major/Minor		Date Attended
High School					
Trade School or Junior College					
College or University					
Graduate School					
Other					
Seminars/Classes					
Professional License or Certification					
Software or Equipment					

US MILITARY SERVICE

Date of Service	Branch
Starting Rank	Rank at Discharge
Summarize any training or special skills acquired which would be related to the position applied for:	
Citations and Awards:	

EMPLOYMENT HISTORY
(List starting with most recent employment)

Employer		Phone Number	
Address (including city, state and zip code)		Fax Number	
		Start Date (month/year)	
Title or Position		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Bonus or Incentive	
Duties and Responsibilities			
Reason For Leaving			

Employer		Phone Number	
Address (including city, state and zip code)		Fax Number	
		Start Date (month/year)	
Title or Position		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Bonus or Incentive	
Duties and Responsibilities			
Reason For Leaving			

Employer		Phone Number	
Address (including city, state and zip code)		Fax Number	
		Start Date (month/year)	
Title or Position		End Date (month/year)	
Supervisor Name and Phone Number		Starting Salary	
		Ending Salary	
May we contact this employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Last Bonus or Incentive	
Duties and Responsibilities			
Reason For Leaving			

If additional space is needed, please continue on a separate sheet of paper.

REFERENCES

(Please list references, do not include family members or people who live with you.)

Name	Address	Phone Number	Occupation	Years Acquainted

IMPORTANT

Please read carefully and sign.

I certify the information contained in this application is true and complete to the best of my knowledge. Any misrepresentation or omissions of any facts in my application can be justification for refusal of employment or, if employed, grounds for termination.

It is my understanding that the Company will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interview. I specifically authorize any of the persons or organizations referenced in this application to give you any and all information they might have, personal or otherwise, with regard to any subjects not covered by this application and release all such parties from liability for any damage that may result from furnishing such information to you. I authorize you to request and receive such information.

If I am offered employment, with such offer conditioned upon the successful completion of a drug screen and/or physical examination, I agree to undergo said drug screen/physical examination to determine if I meet the standards required of the position applied for. In addition, I expressly authorize any physician, hospital or other institution to release any medical records of information with respect to my physical status, either concurrent with, or subsequent to my employment with the Company, in the event such medical records or information are related to any claim made against the Company.

I understand that if hired, Power Pallet, Inc is an employer at-will and my employment may be terminated with or without cause or notice, at any time, at the option of either the Company or myself. I further understand that if an offer of employment is made, such offer may be withdrawn, with or without prior notice, at any time, at the option of either the Company or myself. In addition, if I am employed, it is also understood that the Company, as its sole option and without prior notice, can change wages, benefits, rules, regulations and the conditions of my employment at any time and the employment within this organization may be terminated at any time by either employer or employee.

I acknowledge that I have been advised that this application will remain active for no more than 90 days from the date it was submitted.

Applicant's Signature

Date

We are an Equal Opportunity Employer

Applications are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, sexual orientation, veteran status or disability.