

Application For Employment

To Applicant: We deeply appreciate your interest in our organization and assure you that we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications and may assist us in possible future upgrading.

ANSWER ALL QUESTIONS - PLEASE PRINT PLAINLY

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)				Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Position(s) applied for _____ Rate of pay expected \$ _____

Are you currently employed? Yes No If yes, where? _____

Are you currently on "lay-off" status and subject to recall? Yes No

May we contact your present employer? Yes No If yes, contact: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

Are you available to work: Full Time Part Time Overtime if asked
Specify days and hours if part-time _____

On what day would you be available for work? _____

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

Education

	Elementary School					High School				Undergraduate College/University				Graduate Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma/Degree																	
Describe Course of Study																	
Describe any specialized interests, training, apprenticeship, skills and extra-curricular activities that would be job related.																	
Are there any other experiences, skills, or qualifications which you feel would especially fit you for work with our organization?																	
State any additional information you feel may be helpful to us in considering your application.																	

Indicate any foreign languages you can speak, read and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

We receive correspondence from all over the world and sometimes need help in interpreting such correspondence.

<p>List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:</i></p> <hr/> <hr/> <hr/>
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PERSONAL REFERENCE (Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

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

Dates of duty: From _____ To _____ Rank at discharge _____
Month Day Year Month Day Year

List duties, experience or training in the Military which would be job related. _____

Have you taken any training under the G.I. Bill of Rights? _____ If yes, what training did you take? _____

List below all present and past employment, beginning with your most recent.

1

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Phone									

2

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Phone									

3

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Phone									

4

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Phone									

5

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Phone									

6

Name and Address of Company and Type of Business	From		To		Describe the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					
Phone									

May we contact the employers listed above? _____ If not, indicate by No. which one(s) you do not wish us to contact _____

Is there any type of work which your physical condition prohibits, or have you ever been advised by a physician not to perform certain types of work? Yes _____ No _____ If yes, give details _____

Have you ever been dismissed or asked to resign from a place of employment? Yes _____ No _____ If yes, give details _____

Applicant's Statement

I understand and agree that:

1. I certify that answers given herein are true and complete to the best of my knowledge.
2. It is my understanding that the company may 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 interviews. I authorize such investigation and the giving and receiving of any information requested by the company and I release from liability any person giving or receiving any such information. I also release from liability any former employer providing information concerning previous employment history, including but not limited to: position, salary history, reason(s) for leaving, attendance, etc. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired, or if hired, may subject me to immediate dismissal.
3. I agree that my employment may be terminated by this company at any time without liability for wages or salary except such as may have been earned at the date of such termination. If requested by the management at any time, I agree to submit to search of my person or of any locker, cabinet or desk that may be assigned to me, or my personal vehicle if parked on company property, and I hereby waive all claims for damages on account of such examination.
4. I understand and agree that any offer of employment is contingent upon my successful completion of the company's physical examination, which will include pre-employment screening for drugs. Such examination will be conducted by a doctor or medical center approved by the company and the cost of such exam will be paid for by the company. I further understand and agree that at any time subsequent to my date of employment I may be required to take additional physical examinations (including screening for drugs) to determine if I am physically fit for the job I am to perform. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for, prior to employment or in the future during my employment with the company.
5. While in the employ of Banner Supply Company, Inc., I understand and agree to abide by all company policies and procedures concerning the use of alcohol and unauthorized drugs. I understand that this agreement is a condition of employment.
6. Although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, travel to conduct company business, a rotating work schedule, or a work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
7. I understand that if I am employed, such employment is for an indefinite period of time and that the company can change wages, hours of employment, work days, benefits, and conditions at any time. I understand, also, that I am required to abide by all rules and regulations of the employer.

SUMMARY

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand and agree that this employment application is not a contract of employment, and that my employment can be terminated with or without cause at any time at the option of the company or myself. I understand that any oral or written statements to the contrary are hereby expressly disavowed and should not be relied upon by any prospective or existing employee.

DATE OF APPLICATION

YOUR SIGNATURE

SOCIAL SECURITY NO.

NOTES

	FOR OFFICE USE ONLY
	Position
	Starting Rate
	1st Day If Hired
	Other

06940804