



AN EQUAL OPPORTUNITY EMPLOYER

FOR COMPANY USE ONLY			
START DATE	LOC #	EMP #	
STATUS	JOB TITLE	JOB CODE	
PAY RATE \$	PER	GRADE	% PEN
INCENTIVE PLAN		EFFECTIVE DATE	
HAZMAT <input type="checkbox"/>	COMMERCIAL DL <input type="checkbox"/>	OTHER DRIVER <input type="checkbox"/>	FORK LIFT <input type="checkbox"/>
HIRED BY		SUPERVISOR	
HIRE SOURCE		BADGE #	

# Employment Application

(Please Print in Blue or Black Ink)

DATE	POSITION APPLYING FOR
LOCATION APPLYING TO	WORK SCHEDULE DESIRED <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY

NAME	FIRST	MIDDLE	LAST	SOCIAL SECURITY NO.
ADDRESS:	NUMBER	STREET		TELEPHONE NO. ( )
CITY	STATE	ZIP CODE		CELL PHONE NO. ( )
DRIVER'S LICENSE				
NUMBER	STATE	COMMERCIAL DRIVER'S LICENSE <input type="checkbox"/> YES <input type="checkbox"/> NO CLASS		
HOW WERE YOU REFERRED TO SLAKEY BROTHERS?				
<input type="checkbox"/> WALK-IN <input type="checkbox"/> AD <input type="checkbox"/> INTERNET <input type="checkbox"/> AGENCY <input type="checkbox"/> RELATIVE <input type="checkbox"/> OTHER:				
HAVE YOU BEEN EMPLOYED BY US BEFORE?				
<input type="checkbox"/> NO <input type="checkbox"/> YES    DATES:    LOCATION:				
ARE YOU LEGALLY ALLOWED TO WORK IN THE UNITED STATES?				
<input type="checkbox"/> NO <input type="checkbox"/> YES IF HIRED, FEDERAL LAW REQUIRES DOCUMENTATION VERIFYING YOUR IDENTITY AND LEGAL AUTHORIZATION TO WORK IN THE U.S.				

EDUCATION				
NAME	CITY/STATE	GRADE (OR YEARS) COMPLETED	GRADUATED YES/NO	DEGREE/MAJOR
HIGH SCHOOL				
COLLEGE/UNIVERSITY				
COLLEGE/UNIVERSITY				
TRADE SCHOOL/OTHER				
LIST ANY OTHER EDUCATION, TRAINING, SPECIAL SKILLS OR CERTIFICATES THAT YOU POSSESS RELATED TO THE JOB FOR WHICH YOU ARE APPLYING.				
LIST ANY MACHINES OR EQUIPMENT THAT YOU ARE EXPERIENCED AT OPERATING.				

SALARY DESIRED	
MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE AVAILABLE

**WORK HISTORY**

This section must be completed even if submitting a resume. Start with your most recent employment, including self-employment, military and volunteer experience. Be sure to account for all periods of time over the last 10 years. Attach another page if additional space is needed.

EMPLOYER		PHONE (     )
ADDRESS		
EMPLOYED FROM (MO./YR.)	TO (MO./YR.)	JOB TITLE
JOB DUTIES		
		SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		PHONE (     )
ADDRESS		
EMPLOYED FROM (MO./YR.)	TO (MO./YR.)	JOB TITLE
JOB DUTIES		
		SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		PHONE (     )
ADDRESS		
EMPLOYED FROM (MO./YR.)	TO (MO./YR.)	JOB TITLE
JOB DUTIES		
		SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		PHONE (     )
ADDRESS		
EMPLOYED FROM (MO./YR.)	TO (MO./YR.)	JOB TITLE
JOB DUTIES		
		SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		PHONE (     )
ADDRESS		
EMPLOYED FROM (MO./YR.)	TO (MO./YR.)	JOB TITLE
JOB DUTIES		
		SUPERVISOR
REASON FOR LEAVING		

**IMPORTANT-READ BEFORE SIGNING**

I certify that the information in this application is true and complete. Any false statements, concealments or omissions are grounds for refusal to hire or immediate dismissal if hired. I authorize Slakey Brothers to investigate and verify the information contained in this application, which may include contacting my schools and former employers, and for Slakey Brothers to keep and preserve such records. I understand that Slakey Brothers may request separate written authorizations to obtain a copy of my driving record and, after a conditional offer of employment is made, to obtain and review consumer and investigative reports, which may contain information about my criminal history and other information relating to my character and qualifications. I understand that failure to provide such written authorizations will be grounds for refusal to hire.

I understand and agree that if hired, my employment is **at will** and may be terminated without cause and without notification by either the Company or me and there are no express or implied contracts to the contrary. I further understand that no representative of the Company, other than the President or the Human Resources Manager, has the authority to make any assurances or agreements to the contrary and that any such assurances or agreements must be in writing to be effective. If employed, I agree to adhere to the Company's Rules and Regulations.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date