



# EMPLOYMENT APPLICATION

INSTRUCTIONS: This application must be filled out in its entirety. Incomplete applications will not be considered. You are welcome to attach a resume, but the application must, nevertheless, be completed.

NAME: Last, First, M.I.				SSN#		Telephone #				
PRESENT ADDRESS: Street		City		State		Zip Code				
Desired pay:	Referred by:	Date available to work:	Total hours available per week:		Are you 17 years old or under?					
Any objections to working... Saturday _____ Sunday _____ Overtime _____		Do you have a valid driver's license?	Hours available... From: _____ To: _____	M	T	W	T	F	S	S
Availability: Part Time _____ Full Time _____										

EDUCATION AND TRAINING							
HIGH SCHOOL	Name and Location			Last year completed	Did you graduate?	Are you still enrolled?	List degrees or diplomas
	Course of Study						
COLLEGE	Name and Location						
	Course of Study						
OTHER	List any other post-secondary schooling						
Cashier Skills:				Computer Skills:			
Typing/Ten Key Skills:							

PERSONAL DATA		
Can you lift and maneuver parcels weighing up to 70 pounds?		Can you stand for 3-hour periods?
Have you ever been convicted of a felony? <input type="checkbox"/> No <input type="checkbox"/> Yes* *Will not necessarily result in disqualification	If yes, for what offense?	Date, place and disposition:
Do you have the legal right to remain and work permanently in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, what is your visa number?	
Please write a few sentences on: (1) why you are applying at The Shipping Depot (2) what you can offer us as a co-worker and (3) what you expect of us as employees.		

EMPLOYMENT RECORD -- Begin with current or most recent employer, including Military Service

May we contact your present and former employers for references? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Company Name:	Salary: \$	Dates Employed: From / to /
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

2. Company Name:	Salary: \$	Dates Employed: From / to /
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

3. Company Name:	Salary: \$	Dates Employed: From / to /
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

4. Company Name:	Salary: \$	Dates Employed: From / to /
Address:	Phone:	Name and Title of Supervisor:
Position Title:	Describe the work you did:	
Reason for Leaving:		

Which of the above has been the most valuable work experience and why: \_\_\_\_\_

List three (3) personal references:

Name Address Phone Number

Name Address Phone Number

Name Address Phone Number

AFFIDAVIT

I certify that the answers given by me to the foregoing questions and statements are true and correct without consequential omissions of any kind. I agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this Employment Application. I agree to submit to a physical examination after hire if requested. I authorize the companies, schools and other references named above to provide information regarding me and to release personnel, academic and other records concerning me.

I further agree that, if employed, I will conform my conduct to The Shipping Depot's rules and regulations and understand that, unless specifically agreed in writing, my employment can be terminated with or without cause, and with or without notice, at any time, at either The Shipping Depot's or my option. I also understand that any employment manuals or handbooks that may be distributed to me during the course of my employment shall not be construed as a contract. If hired, I understand that there is a 90-day probation period.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_