



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 _____

Name _____
 Last First Middle

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 \$ _____

Do you have any pending arrests or have you ever been convicted of a crime? Yes No
 If yes, describe the; 1) nature of the charges/conviction, 2) date issued, and
 3) county and state where issued.

Nature: _____

Date: _____ City/State: _____

Have you ever applied at this company before? Yes No

If yes, give dates _____ Position _____

Have you ever worked at this company before? Yes No

If yes, give dates: From _____ to _____

EMPLOYMENT HISTORY

Provide the following information for your past and current employers, assignment or volunteer activities, starting with the most recent. Explain any gaps in employment in comments section below.

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Comments (including explanation of any gaps in employment): _____

EDUCATIONAL BACKGROUND

School Name and Location (City, State)		Nbr. Years Attended	Major Subjects	Diploma or Degree
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No (proof will be required)
College				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No Type:
Other (Specify)				<input type="checkbox"/> Yes <input type="checkbox"/> 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 _____

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 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 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 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 Felker Brothers Corporation.

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) Hispanic or Latino Black or African American (not of Hispanic origin)
 American Indian/Alaskan Native Asian/Pacific Islander Two or more races

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?

- Executive Technicians Operatives (semi-skilled)
 First/Mid Officials Sales Workers Laborers (unskilled)
 Professionals Admin. Support Service Workers
 Craft Workers (skilled)

Notes _____

Completed by _____ Date _____