

## **EMPLOYMENT APPLICATION**

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

Our Company fully subscribes to the principles of Equal Employment Opportunity. It is our policy to provide employment, compensation, and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status, genetic information, disability, or any other basis prohibited by federal, state or local law. In accordance with requirements of the Americans with Disabilities Act and applicable state laws, it is our policy to provide reasonable accommodation upon request during the application process to eligible applicants in order that they may be given a full and fair opportunity to be considered for employment. As an Equal Opportunity Employer, we intend to comply fully with applicable federal and State employment laws and the information requested on this application will only be used for purposes consistent with those laws. To the extent required by applicable law, the Company maintains a smoke- free workplace.

DATE:

DOCITION ADDITION FOR

POSITION APPLIED FOR.		DATE				
Salary expectations:	Referred By					
PERSONAL DATA						
Name:						
Last	Middle	First				
Street Address:						
City:	State:	Zip Code:				
Telephone	Cell #	<del>-</del>				
Are you at least 18 years old?						
Are there any days, shifts or hours you will not work? ☐ Yes ☐ No						
If yes, please explain:						
Can you work overtime, if required?						
Have you ever applied or worked at our Co	mpany before? ☐ <b>Yes</b> ☐ <b>No</b>					
If yes, provide dates:						
Are you legally authorized to work in the Ur	nited States? ☐ Yes ☐ No					

EDUCATION  Describe any education	onal deg	ırees, s	kills, training	or experience yo	u believe are re	levant to the	job applied for:
Name, City and State of	-	uated	Degree Credits	Type of Degree Received or Expected	Major		Grade Po
Educational Institution	Yes	No				Minor	Overall G
gh School							
llege or University							
chnical/GED							
enses/							
rtification/Other							
REFERENCES	(Pleas	se list th					
	(Pleas	se list th		not related to you	who know your		s.) ELATIONSHIP
REFERENCES  NAME	(Pleas	se list th					
REFERENCES	(Pleas	se list th					
REFERENCES			ADD	RESS			
REFERENCES	plete or	nly if you	ADD	RESS ne military.)	PHON	IE RE	ELATIONSHIP

## **EMPLOYMENT HISTORY:**

Company Name:	Telephone:
Address:	
Name of Supervisor:	
Dates Employed: From: To:	
State job titles and describe job duties:	
Reason for leaving:	
Company Name:	Telephone:
Address:	
Address:Name of Supervisor:	
Name of Supervisor:	May we contact: □ Yes □ No
	May we contact: □ Yes □ No 

## APPLICANT'S ACKNOWLEDGMENT

I certify that any and all statements, which I have set forth in this application, are true and correct to the best of my knowledge. I also recognize that any misstatement I have made herein may subject me to discharge at any time in the event that I am hired. I authorize Packard, Inc. to investigate and make inquiries concerning my previous employment, consumer background, criminal background, driving records, education information, workers' compensation information pertaining to me, and other information that may be provided in this application. I hereby release Packard, Inc., any agency appointed by Packard, Inc., and all persons and employers from any liability on account of or rising out of the exchange of such information and understand that the exchange of this information in no way violates my right to privacy in any manner.

I understand that applicants for certain positions may be required to qualify for employment based on additional employment criteria. I am required to take a pre-employment drug test. If I am offered employment or start work before my required test is completed, my employment is contingent on a satisfactory result on all required tests.

There is information on this form required for the sole purpose of undertaking a pre-employment investigation. This information should only be completed by candidates who have been offered, (or are being considered for), a position or promotion with Packard, Inc.

I understand that the information below regarding sex, race, date of birth, etc. is requested for the sole purpose of gathering information accurately, and will not be used to discriminate against me in violation of the law.

If you answer yes to any of the following questions, please describe the circumstances in the Comments section below.

If employed by Packard, Inc., can you provide documents establishing your identity and eligibility to work in the U. S. as required by law?  Yes No						
Have you ever applied for a position with or been employed by Packard, Inc.? Yes	_No					
Do you have any relatives employed with Packard, Inc.? YesNo						
Are you willing to relocate? YesNo						
Have you ever been convicted of a crime other than a minor traffic violation? YesNo						
Are you subject to any employment or non-compete (non-disclosure?) agreements, which would restrict your employment responsibilities with Packard, Inc.?  YesNo						
COMMENTS						
PACKARD, INC. IS AN EQUAL OPPORTUNITY EMPLOYER	Ł					
It is the policy of Packard, Inc.to recruit, hire and promote for all job classifications without or race, religion, color, creed, national origin, age, sex, marital status, sexual orientation, or veteran status. All staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the qualifications of each independent of the staffing decisions are based solely on the staffing decisions are based solely	disability					
I understand this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application. I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.						
Signature: Date:						