

Application for Employment

PLEASE PRINT

Date: _____

Name

Social Sec. No.

Street

City

State

Zip Code

Area Code

Home Telephone

Area Code

Business Telephone

How were you referred to us?

Newspaper Ad

School

On my own

Current Employee

Agency

Other

Name of referral source:

Please note: This application form was designed for use by persons applying for various types of positions. Please answer the questions to the best of your ability. If you have any questions about the particular job you are seeking, please ask the interviewer.

A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications. Please complete and sign your application form. Failure to complete and/or sign the application will result in the application not being checked or considered further. This application will remain active for a period of 30 days after the date of application. If you wish to be considered after that time, you must reapply.

EMPLOYMENT HISTORY

LIST PRESENT EMPLOYER OR MOST RECENT EMPLOYER FIRST.

May we contact your present employer at this time? Yes _____ No _____

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name	
Address			Your Job Title	
Telephone				
Your Salary		Duties:		
Start	End			

Reason for Leaving _____

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name	
Address			Your Job Title	
Telephone				
Your Salary		Duties:		
Start	End			

Reason for Leaving _____

Employer		Employed From _____ Mo./Yr. To _____ Mo./Yr.	Supervisor's Name	
Address			Your Job Title	
Telephone				
Your Salary		Duties:		
Start	End			

Reason for Leaving _____

Have you ever pled guilty or been convicted of a crime or other violation of the law, other than minor traffic violations?
Yes _____ No _____

If yes, state the date and nature of the guilty plea or conviction. A conviction will not necessarily disqualify you from employment:

For applicants for positions for which a valid driver's license is a requirement:

Do you possess a valid driver's license?

Yes _____ No _____

Did the state in which you are currently licensed to drive issue your license within the past three years? (This question does not apply to renewals.)

Yes _____ No _____

If no please list all states, if any, in which you were previously licensed to drive. _____

Have you pled guilty to or been convicted of traffic violations in the past three years?

Yes _____ No _____

If yes, please state the date and nature of the violation: _____

Will you agree to allow the company to obtain a driving abstract if you are offered employment to verify your driving record?

Yes _____ No _____

TYPE OF WORK DESIRED

Indicate the position(s) for which you are applying:

Do you wish to work:

Full Time; Part Time; ? If part time, specify hours or days:

(Unavailability for work because of religious observation or practice does not necessarily disqualify a candidate. We will consider whether a reasonable accommodation can be made in evaluating your application for employment.)

What is your minimum *hourly; weekly; monthly or annual* salary requirement? _____

Date available for work _____

Have you ever applied for employment with the Company?

Yes _____ No _____ When? _____

Were you ever employed by the Company?

Yes _____ No _____ When? _____

Have you entered into any agreements with any former employer or other entity (for example, an agreement not to compete or confidentiality agreement) that may impact your ability to work for Countryside Industries, Inc.? Yes _____ No _____

If you answered "yes", please provide us with a copy of any such agreement(s).

SKILLS (if applicable)

Please list any skills you possess which may be relevant to your employment:

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School Listing	No. of Years Completed	Did You Graduate?	Degree Earned
High School				
College				
Graduate School				
Trade, Bus., Night or Corres.				
Other				

Subject of Special Study or Research Work: _____

GENERAL INFORMATION

Are you legally authorized to work in the U.S.? (Proof will be required if hired.)

Yes _____ No _____

Are you at least 18 years of age? Yes _____ No _____

If not, do you have an appropriate work permit to perform the job for which you are applying?

Yes _____ No _____

REFERENCES (NOT EMPLOYERS OR RELATIVES – AT LEAST THREE)

Name and Address	Occupation	Phone

May we contact your references at this time? Yes _____ No _____

Please include any other information you think would be helpful to us in considering you for employment, such as additional work experience, your publication of articles or other printed materials, accomplishments, awards or other indicators of your qualifications. (In doing so, please exclude all information which might indicate your age, sex, race, religion, color, national origin, marital status, disability, political or union affiliation or other personal characteristics.)

THIS APPLICATION IS NOT COMPLETE UNTIL SIGNED, AND ALL STATEMENTS BELOW HAVE BEEN READ AND INITIALED.

Initial : _____ I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate and complete and understand that the omission and/or misrepresentation of any fact from this application or during any interview will be cause for immediate dismissal.

Initial : _____ I authorize the investigation of all matters contained in this application, including a criminal background check, and hereby give Countryside Industries, Inc. permission to contact schools, previous employers, references and others. I hereby release Countryside Industries, Inc. and those it contacts from any liability whatsoever as a result of such contact and the information provided and received as a result of such contact.

Initial : _____ I also understand that Countryside Industries, Inc. may cause a consumer credit report to be prepared for employment purposes, and that I have a right to request additional information on the nature of the report. I understand that I will be informed upon request whether such a report has been requested, and that if it has, I will be informed of the name and address of the consumer reporting agency that furnished it.

Initial : _____ If hired, I agree to abide by all of the Company's rules and regulations. I understand that, if employed, the employment relationship between the Company and myself is employment at-will and, therefore, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of either the Company or me. I further understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute a contract of employment.

Initial : _____ I understand that the Company and all plan administrators shall have the maximum discretion permitted by law to administer, interpret, modify, discontinue, enhance or otherwise change all policies, procedures, benefits or other terms or conditions of employment. No representative or agent of the Company has the authority to enter into any agreement for employment for any specified period of time or to make any changes in any policy, procedure, benefit or other term or condition of employment other than in a document signed by the principals of the Company or to make any agreement contrary to the foregoing. I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment, and that such agreement may restrict my ability to compete with Countryside Industries, Inc. for a specified period following the termination of my employment and prohibit the use and disclosure by me of certain information that I have acquired during my employment.

Initial : _____ I further understand that, if hired, I may be required to participate in a physical examination and understand that any offer of employment may be conditioned upon passing a medical examination, and that if I am hired for a driving position, I am subject to all DOT regulations as they apply to the position, including those regulations regarding physical examinations, and drug and alcohol procedures.

Date

Signature of Applicant