

PERSONAL INFORMATION

NAME (Last Name, First, Middle Initial)		DATE OF BIRTH (mm/dd/yyyy)	POSITION APPLYING
ADDRESS (Number, Street, City, State Zip Code)			
TELEPHONE (Primary)	TELEPHONE (Secondary)	EMAIL ADDRESS	

IN CASE OF EMERGENCY, NOTIFY:

	Name	Relationship	Contact Number-
PRIMARY			
SECONDARY			

EDUCATION MOST RECENT

Level	School Name	Period		Degree
		From	To	

WORK EXPERIENCE (Last 3 latest only)

Company /Location	Date (Year)		Position	Reason for Leaving
	From	To		

ADDITIONAL CERTIFICATIONS & SKILLS (please tell us more)

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PERSONAL REFERENCES (please no relatives or previous employers)

Name	Address	Occupation	Phone Number

OTHER INFORMATION

Have you ever worked at company before? If so, when (mm/yyyy)

Have you ever applied to this company before? If so, when (mm/yyyy)

Are you over 18?(yes/no)

If hired, when could you start? (dd/mm)

What is your shift preference? (1,2,3)

Do you have any friends or relatives currently employed at Reifel Industries? If so, list name and relationship.

Have you ever been convicted of a felony? (yes/no)

Have you ever been convicted of a crime involving violence to another person? (yes/no)

Are you serving probation for any misdemeanor offense? (yes/no)

Are you a United States Citizen? (yes/no)

If no, are you authorized to work in United States? Please explain.

Do you have your own reliable transportation to work? (yes/no)

Do you believe you can perform the essential function of this job without accommodation? (yes/no)

With accommodations? (yes/no)

Feel free to tell us more why you feel Reifel Industries is a good fit for you and Reifel Industries.

IMPORTANT - READ BEFORE SUBMITTING

I certify that information given herein is true and complete to the best of my knowledge.

I understand that incorrect, misleading or incomplete information on this application may result in immediate termination of employment. I understand that this employment application and any other company documents are not contracts of employment and that any individual who is hired may voluntarily leave employment upon proper notice and may be terminated by the employer at any time and for any reason. I also understand that any oral or written statements to the contrary are expressly disavowed and should not be relied upon by any prospective or existing employee. I understand that the use of illegal drugs is prohibited during employment. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs before and during employment.

Date Submitted