



# Appleton Campbell

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ DOB (Optional): \_\_\_\_\_

Desired Salary: \$ \_\_\_\_\_ Hourly / Annually (circle one)

Position(s) Applied for: \_\_\_\_\_

Have you applied with us before? YES NO

Have worked for us before? YES NO If yes, when? \_\_\_\_\_

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO

If yes, explain: \_\_\_\_\_

Emergency Contact (Name & Phone #): \_\_\_\_\_

### Personal/ Health

Can you lift a minimum of 70lbs? YES NO Can you perform all specific tasks associated with the position you are applying for without special apparatus or with minimal alterations to the company? YES NO

Have you used any illegal drug, including Marijuana, in the last 12 months? YES NO Have you ever had a conviction for driving under the influence of drugs or alcohol? (If yes, when? \_\_\_\_\_) YES NO

*Appleton Campbell provides equal employment opportunities and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.*

## Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

Trade School/  
College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Please list any Certifications and/or Trade Licenses you have earned or are in the process of obtaining:

\_\_\_\_\_  
\_\_\_\_\_

## References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Employment (Please explain any gap in employment)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

\_\_\_\_\_

### Previous Employment (continued)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES NO

### Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

### Voluntary Self Identification

This employer is subject to certain nondiscrimination and affirmative action recordkeeping and reporting requirements which require the employer to invite candidates to voluntarily self-identify their race/ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your gender/race/ethnicity at the time of application, the federal government requires this employer to determine this information by visual survey and/or other available information.

For civil rights monitoring and enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below.

**GENDER** (Please check one of the options below):

- Male
- Female

**RACE/ETHNICITY:** (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino
- White (Not Hispanic or Latino)
- Black or African American (Not Hispanic or Latino)
- Native Hawaiian or Pacific Islander (Not Hispanic or Latino)
- Asian (Not Hispanic or Latino)
- Native American or Alaska Native (Not Hispanic or Latino):
- Two or more races (Not Hispanic or Latino)
- I do not wish to disclose.

**Disclaimer and Signature**

*I certify that the answers given by me to the foregoing questions and statements are true and correct without any intentional omissions of consequence of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that you 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 questionnaire. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools, and persons from liability for any damage for issuing this information. I certify that all statements and answers to questions about my abilities are true and were made without reservations. Further, I agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to us any information regarding treatment rendered now and in the future. I further understand that the taking of a drug test and physical are a condition of employment and refusal to take such tests when requested will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contract on behalf of us without the express written consent of the President. I understand my employment is at will. I further understand that I will be given an employee manual outlining our rules and regulations.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_