



Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(Please Print)

Last Name	First Name	Middle Name
Telephone Number(s) <i>Home:</i> _____ <i>Other:</i> _____		Social Security Number - - -
Address <i>Number & Street:</i> _____ <i>City:</i> _____ <i>State:</i> _____ <i>Zip:</i> _____		
Position(s) Applied For		Date of Application

- Date available to work: _____
- Are you available to work: Full Time Part Time Seasonal Temporary
- Are you currently on "lay-off" status and subject to recall? Yes No
- Have you ever been employed with us before? Yes No
If Yes, provide date(s): _____
- Have you ever filed an application with us before? Yes No
If Yes, provide date(s): _____
- Can you travel if required? Yes No
Frequency: _____
- If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
- Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.
- Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.
If Yes, please explain: _____

NOTE TO APPLICANTS: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied? Yes No

Education

	Name and Address of School	Course of Study	Number of Years Completed	Diploma/Degree
High School				
Business or Trade School				
Undergraduate College				
Graduate Professional or Other (Specify)				

Describe any specialized training, apprenticeship, skills and/or extra-curricular activities, acquired from employment or other experience.

Describe any job-related training received in the United States Military.

Specialized Skills

Check Skills/Equipment Operated PC Word Processing Fax MS Office
 Copier Calculator Email Scanner

Production/Mobile Machinery: _____

Other: _____

Indicate any foreign languages you can speak, read and/or write:

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

State any additional information you feel may be helpful to us in considering your application.

Employment Experience

Start with your present or most recent position. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

If you are currently employed, may we contact your employer? Yes No

Employer		Dates Employed	
		<i>To:</i>	<i>From:</i>
Supervisor	Telephone Number(s)	Hourly Rate	
		<i>Starting:</i>	<i>Final:</i>
Address			
<i>Number & Street:</i>		<i>City:</i>	<i>State: Zip:</i>
Job Title		Position Responsibilities	
Reason for Leaving			
Employer		Dates Employed	
		<i>To:</i>	<i>From:</i>
Supervisor	Telephone Number(s)	Hourly Rate	
		<i>Starting:</i>	<i>Final:</i>
Address			
<i>Number & Street:</i>		<i>City:</i>	<i>State: Zip:</i>
Job Title		Position Responsibilities	
Reason for Leaving			
Employer		Dates Employed	
		<i>To:</i>	<i>From:</i>
Supervisor	Telephone Number(s)	Hourly Rate	
		<i>Starting:</i>	<i>Final:</i>
Address			
<i>Number & Street:</i>		<i>City:</i>	<i>State: Zip:</i>
Job Title		Position Responsibilities	
Reason for Leaving			
Employer		Dates Employed	
		<i>To:</i>	<i>From:</i>
Supervisor	Telephone Number(s)	Hourly Rate	
		<i>Starting:</i>	<i>Final:</i>
Address			
<i>Number & Street:</i>		<i>City:</i>	<i>State: Zip:</i>
Job Title		Position Responsibilities	
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further understand that if an offer of employment is extended, the offer of is contingent upon completion of a pre-employment drug screening and physical. It is understood that if the drug screening results in a positive result for a prohibited substance under the Policies of Nook Industries, the offer of employment will be rescinded effective immediately.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization. I agree that any claim or lawsuit relating to my service with Nook Industries or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

References

1. _____
Name *Relationship* *Phone #*
2. _____
Name *Relationship* *Phone #*
3. _____
Name *Relationship* *Phone #*

For Personnel Department Use Only

Arrange Interview Yes No

Remarks: _____

Interviewer: _____ Date: _____

Employed Yes No

Date of Employment: _____ Job Title: _____

Notes

