

PRE-EMPLOYMENT APPLICATION

THIS APPLICATION WILL BE GIVEN EVERY CONSIDERATION, BUT ITS RECEIPT DOES NOT IMPLY THAT THE APPLICANT WILL BE EMPLOYED. EACH QUESTION SHOULD BE ANSWERED IN A COMPLETE AND ACCURATE MANNER AS NO ACTION CAN BE TAKEN ON THIS APPLICATION UNTIL ALL QUESTIONS HAVE BEEN ANSWERED.

PERSONAL:

DATE: ____/____/____

NAME: _____ PHONE: (____) ____ - ____
LAST FIRST MIDDLE AC

EMAIL ADDRESS: _____ ARE YOU OVER 18? ____ YES ____ NO

PRESENT ADDRESS: _____
NUMBER STREET CITY STATE ZIP

OUR COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER AND WILL CONSIDER ALL APPLICANTS FOR ALL POSITIONS EQUALLY WITHOUT REGARD TO THEIR RACE, SEX, AGE, COLOR, RELIGION, NATIONAL ORIGIN, VETERAN STATUS, DISABILITY AS DEFINED IN THE AMERICANS WITH DISABILITIES ACT, OR ANY OTHER FACTOR/CLASS PROTECTED BY LAW.

ARE YOU A CITIZEN OF THE US OR DO YOU HAVE THE LEGAL RIGHT TO BE EMPLOYED IN THE US? ____ YES ____ NO

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME (EXCLUDING MINOR TRAFFIC VIOLATIONS) INCLUDING DRIVING WHILE UNDER THE INFLUENCE OF ALCOHOL OR DRUGS? ____ YES ____ NO IF YES, STATE THE OFFENSE, LOCATION, DATE AND DISPOSITION. _____

NOTE: A CONVICTION WILL NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT.

DRIVER'S LICENSE _____ CURRENTLY VALID? ____ YES ____ NO
STATE TYPE

FOR DRIVING JOBS ONLY: HAVE YOU HAD YOUR DRIVER'S LICENSE SUSPENDED OR REVOKED IN THE LAST FIVE YEARS? ____ YES ____ NO

IF YES, PLEASE GIVE DETAILS: _____

DESIRED EMPLOYMENT:

ARE YOU SEEKING ____ FULL TIME ____ PART TIME ____ TEMPORARY OR SEASONAL EMPLOYMENT?

POSITION APPLIED FOR _____ SALARY DESIRED \$ _____ DATE AVAILABLE TO START: ____/____/____

HAVE YOU EVER APPLIED TO LES OLSON COMPANY BEFORE? ____Y / ____N HAVE YOU EVER WORK FOR LES OLSON COMPANY BEFORE? ____Y / ____N
IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS, PLEASE STATE WHEN AND WHERE YOU APPLIED AND/OR WORKED: _____

HOW DID YOU LEARN OF OUR COMPANY AND/OR THIS POSITION? _____

DO YOU NOW, OR EXPECT TO BE, WORKING IN ANY OTHER BUSINESS OR JOB? ____Y / ____N ARE THERE DAYS OR HOURS YOU WILL BE UNABLE TO WORK? ____Y / ____N IF YES, PLEASE SPECIFY THOSE DAYS OR HOURS YOU WOULD BE UNABLE OR UNWILLING TO WORK: _____

EDUCATION:

HIGH SCHOOL NAME: _____ ADDRESS AND LOCATION: _____

DATES ATTENDED: FROM _____ TO _____ DID YOU GRADUATE? ___ YES ___ NO DIPLOMA TYPE: _____

COLLEGE NAME: _____ ADDRESS AND LOCATION: _____

DATES ATTENDED: FROM _____ TO _____ DID YOU GRADUATE? ___ YES ___ NO DIPLOMA TYPE: _____

TRADE SCHOOL NAME: _____ ADDRESS AND LOCATION: _____

DATES ATTENDED: FROM _____ TO _____ DID YOU GRADUATE? ___ YES ___ NO DIPLOMA TYPE: _____

ARE YOU PLANNING TO PURSUE FURTHER STUDIES? ___ YES ___ NO *IF YES, WHEN, WHERE AND WHAT COURSES:* _____

DO YOU HAVE ANY OTHER SCHOOL OR SPECIALIZED TRAININGS? ___ YES ___ NO *IF YES, PLEASE GIVE DETAILS:* _____

MILITARY:

HAVE YOU EVER OR ARE YOU CURRENTLY SERVING IN THE MILITARY? ___ YES ___ NO *IF YES, PLEASE ANSWER THE FOLLOWING QUESTIONS:*

SERVICE BRANCH: _____ *DATE ENTERED:* _____

DATE SEPARATED (IF CURRENT, PLEASE SPECIFY): _____ *FINAL RANK:* _____

CAPABILITY/RELIABILITY:

WOULD YOU BE WILLING AND ABLE, WITH OR WITHOUT REASONABLE ACCOMMODATION, TO PERFORM ALL OF THE TASKS REQUIRED BY THE JOB YOU ARE APPLYING FOR? ___ YES ___ NO *IF NOT, EXPLAIN WHICH TASKS?* _____

HAVE YOU FILED ANY TYPE OF CLAIM AGAINST ANY OF YOUR PRESENT OR PAST EMPLOYERS? ___ YES ___ NO
IF YES, PLEASE EXPLAIN: _____

WILL YOU ABIDE BY THE SAFETY RULES OF THIS COMPANY? ___ YES ___ NO

HAVE YOU EVER BEEN DISCIPLINED FOR VIOLATING COMPANY SAFETY RULES OR REGULATIONS? ___ YES ___ NO
IF YES, PLEASE EXPLAIN: _____

WOULD YOU BE WILLING AND ABLE TO REPORT TO WORK ON TIME EVERY DAY ON A REGULAR AND CONSISTENT BASIS? ___ YES ___ NO
IF NO, PLEASE EXPLAIN: _____

WORK HISTORY:

LIST NAMES OF EMPLOYERS IN CONSECUTIVE ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIODS OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES.

PLEASE GIVE MONTH AND YEAR. DO NOT REFERENCE RESUME:

NAME OF EMPLOYER: _____		NAME AND TITLE OF LAST SUPERVISOR	DATES EMPLOYED		PAY
ADDRESS: _____ CITY STATE ZIP			FROM: MONTH	TO: MONTH	START:
PHONE: _____	NATURE OF BUSINESS: _____		FROM: YEAR	TO: YEAR	END:
TITLE: _____		REASON FOR LEAVING: _____			

JOB RESPONSIBILITIES:

NAME OF EMPLOYER: _____		NAME AND TITLE OF LAST SUPERVISOR	DATES EMPLOYED		PAY
ADDRESS: _____ CITY STATE ZIP			FROM: MONTH	TO: MONTH	START:
PHONE: _____	NATURE OF BUSINESS: _____		FROM: YEAR	TO: YEAR	END:
TITLE: _____		REASON FOR LEAVING: _____			

JOB RESPONSIBILITIES:

IF YOU WORKED IN ANY OF YOUR PREVIOUS POSITIONS UNDER ANOTHER NAME, PLEASE LIST NAME(S) BELOW (FOR REFERENCE CHECKING PURPOSES):

NAME: _____ COMPANY: _____

ARE YOU PRESENTLY EMPLOYED? YES NO IF YES, MAY WE CONTRACT YOUR PRESENT EMPLOYER? YES NO

HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES NO IF YES, PLEASE EXPLAIN _____

HAVE YOU EVER BEEN DISCIPLINED OR RECEIVED VERBAL OR WRITTEN WARNINGS FOR ABSENTEEISM OR TARDINESS? YES NO

IF YES, PLEASE EXPLAIN _____

SPECIAL SKILLS:

WORDS PER MINUTE: _____ ARE YOU FAMILIAR WITH MICROSOFT OFFICE? SPECIFICALLY, WORD, EXCEL, AND OUTLOOK: ___ YES ___ NO

HAVE YOU HAD ANY COMPUTER OR WORK PROCESSING EXPERIENCE OR TRAINING? ___ YES ___ NO

IF YES, PLEASE DESCRIBE _____

USE THE SPACE BELOW TO DESCRIBE WHY YOU ARE INTERESTED IN WORKING FOR OUR COMPANY AND TO LIST THOSE SKILLS AND ABILITIES WHICH YOU FEEL PARTICULARLY QUALIFY YOU FOR A POSITION WITH US. IF YOU NEED MORE SPACE, CONTINUE A SEPARATE SHEET. _____

REFERENCES:

LIST THREE REFERENCES— MUST NOT BE RELATIVES OR FORMER EMPLOYERS.

PERSONS NAME: _____ ADDRESS: _____

PHONE: _____ OCCUPATION/TITLE: _____

PERSONS NAME: _____ ADDRESS: _____

PHONE: _____ OCCUPATION/TITLE: _____

PERSONS NAME: _____ ADDRESS: _____

PHONE: _____ OCCUPATION/TITLE: _____

AVIDAVIT:

I CERTIFY THAT MY ANSWERS TO THE FOREGOING QUESTIONS ARE TRUE AND CORRECT WITHOUT ANY CONSEQUENTIAL OMISSIONS OF ANY KIND WHATSOEVER. I UNDERSTAND THAT IF I AM EMPLOYED, ANY FALSE, MISLEADING, OR OTHERWISE INCORRECT STATEMENTS MADE ON THIS APPLICATION FORM OR DURING ANY INTERVIEWS MAY BE GROUNDS FOR MY IMMEDIATE DISCHARGE.

I HEREBY AUTHORIZE THE COMPANY TO CONTACT ANY COMPANY OR INDIVIDUAL IT DEEMS APPROPRIATE TO INVESTIGATE MY EMPLOYMENT HISTORY, CHARACTER AND QUALIFICATIONS AND I GIVE MY FULL AND COMPLETE CONSENT TO THEIR REVEALING ANY AND ALL INFORMATION THEY WISH AS A RESULT OF THIS INVESTIGATION. IN ADDITION, I HEREBY WAIVE MY RIGHT TO BRING ANY CAUSE OF ACTION AGAINST THESE INDIVIDUALS FOR DEFAMATION, INVASION OF PRIVACY OR ANY OTHER REASON BECAUSE OF THEIR STATEMENTS.

I AGREE THAT, IF I AM EMPLOYED, I WILL ABIDE BY ALL THE RULES AND REGULATIONS OF THE COMPANY. I UNDERSTAND THAT THE TAKING OF DRUG AND ALCOHOL TESTS, WHEN GIVEN PURSUANT TO COMPANY POLICY, ARE A CONDITION OF CONTINUED EMPLOYMENT AND REFUSAL TO TAKE SUCH TESTS WHEN ASKED WILL BE GROUNDS FOR MY IMMEDIATE TERMINATION. I FURTHER UNDERSTAND THAT NOBODY IN THE COMPANY IS AUTHORIZED TO ENTER INTO ANY WRITTEN OR VERBAL EMPLOYMENT CONTRACTS WITH ME FOR ANY DEFINITE PERIOD OF TIME WITHOUT THE EXPRESS WRITTEN CONSENT OF THE PRESIDENT OF THE COMPANY. I ALSO UNDERSTAND THAT MY EMPLOYMENT IS "AT-WILL" AND MAY BE TERMINATED BY MYSELF OR BY THE COMPANY AT ANY TIME FOR ANY REASON OR NO REASON AT ALL, WITH OR WITHOUT PRIOR NOTICE.

SIGNATURE: _____

DATE: _____