APPLICATION FOR EMPLOYMENT

Farrell Equipment & Supply Company, Inc.

Name_____

Date_____

Please indicate the position(s) for which you wish to be considered. Applicants are considered only for specific positions. (do not list *"any")*

1. _____

2. _____

3. _____

APPLICATION FOR EMPLOYMENT

DATE: _________________ POSITION APPLIED FOR: __________________________________

Referred by: ____ **Date Available for Work:**_____________________

INSTRUCTIONS: Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for the position(s) for which you have applied. Upon employment, this application will become part of your permanent record at Farrell Equipment & Supply Co., Inc. Keep this in mind as you complete it. ***Special Note:*** *You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. Farrell Equipment & Supply Co., Inc does not discriminate on the basis of race, color, religion, gender, national origin, pregnancy, marital status, citizenship, age, disability, veteran status, or any other legally protected class. You may request assistance in completing this application.*

••

PERSONAL

Name____Telephone Number: (   )____________________

First   M.I.   Last

Street__________________________________Box________City____________________________ST_____Zip_______

Cell/Digital Phone ____________________________E-Mail Address __________________________@_______________

If younger than 21, state your age here_______   Are you legally entitled to work in the United States?** □ yes   □ no

***Compliance with I-9 requirements is mandatory, upon employment*

If convicted of a felony, explain here:____ □ No convictions

(A criminal conviction may or may not prohibit you from employment here)

Have you ever been convicted of a moving traffic violation? □ yes   □ no If yes, list all here:________________________

____

Have your driving privileges ever been revoked or suspended? □ yes □ no If yes, list here when and why:

____

Do you currently hold a Commercial driving license (CDL)? □ yes □ no

••

EDUCATION

High School (Name and Address) ____

Did you graduate? ________ If no, last grade completed__________ G.E.D. Obtained? _______ Grade Average__________

Colleges (Name and Address)____

Please initial here to certify that your college degree was earned through the actual completion of college level course work and conferred by an accredited college or university. ______

Colleges (Name and Address)____

Did you graduate?________ If no, number of hours completed_________Grade Point Average______Degree____________

Major______________________Minor____________________ If attending, date of graduation______________________

Other Education____

License(s), including the state of issue and the number:

____

••

MILITARY □ not applicable

List service in U.S. Military: From_______________to_______________ Branch______________________________________

Rank at Discharge________________ Military experience that may be applicable to working here _________________________

GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (*Examples: pallet jack, small tools, forklift, word processor, computers, lathe, CNC Machines, etc*.): ____
____
2. Are you willing to relocate?_______ If yes, state location preferred ____
3. Salary Expected ________hour______ per week or ____ per year Hours you are available per week?_____ □ No preference
4. Type of work sought: □ regular full time □ regular part time □ temporary □ seasonal □ as needed
5. Which of the following are you available: **Days:** □ yes □ no **Nights:** □ yes □ no **Weekends:** □ yes □ no **Holidays:** □ yes □ no **Shift Work**: □ yes □ no
6. Indicate hours you are available to work on the following days (or check *Anytime*, if you have no restrictions):

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____to_____	_____to_____	_____to_____	_____to_____	_____to_____	_____to_____	_____to_____
□ Anytime	□ Anytime	□ Anytime	□ Anytime	□ Anytime	□ Anytime	□ Anytime

7. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? □ yes □ no □don't know
   •If no, indicate reason: □ need different hours □ need different days □ need more training □ need a driver
   Other, (explain accommodation needed:)____
8. Are you currently under a non-compete agreement that will prevent you from working for a business in our industry?
   □ yes □ no If yes, please explain and list the date the agreement expires:____

••

EXPERIENCE: List below all present and past employment, beginning with your most recent employer

1. Employer____ Starting Salary ________________per hour or week
   Address____ Last Salary ___________________per hour or week
   Kind of Business______________________________________ Supervisor________________________________
   Job Title____ Reason for Leaving: □ Quit □ Discharge □ Retired
   Dates Employed _________________ to _________________ □ Laid Off Why?__________________________
   For Job Reference, call_____________________________________ at _______________________________________
   □ Please do not contact this employer. Why not?____

•••

2. Employer____ Starting Salary ________________per hour or week
   Address____ Last Salary ___________________per hour or week
   Kind of Business______________________________________ Supervisor________________________________
   Job Title____ Reason for Leaving: □ Quit □ Discharge □ Retired
   Dates Employed _________________ to _________________ □ Laid Off Why?__________________________
   For Job Reference, call_____________________________________ at _______________________________________
   □ Please do not contact this employer. Why not?____

•••

3. Employer____ Starting Salary ________________per hour or week
   Address____ Last Salary ___________________per hour or week
   Kind of Business______________________________________ Supervisor________________________________
   Job Title____ Reason for Leaving: □ Quit □ Discharge □ Retired
   Dates Employed _________________ to _________________ □ Laid Off Why?__________________________
   For Job Reference, call_____________________________________ at _______________________________________
   □ Please do not contact this employer. Why not?____

•••

4. Employer____ Starting Salary ________________per hour or week
   Address____ Last Salary ___________________per hour or week
   Kind of Business______________________________________ Supervisor________________________________
   Job Title____ Reason for Leaving: □ Quit □ Discharge □ Retired
   Dates Employed _________________ to _________________ □ Laid Off Why?__________________________
   For Job Reference, call_____________________________________ at _______________________________________
   □ Please do not contact this employer. Why not?____

In the following space, please describe how our company will benefit from your work here.

_____

_____

_____

Please list the name, address and contact information of three references who can attest to your knowledge, skill and ability to perform the work for which you are applying. We are seeking business related references, not personal references.

Name: _____Phone No. (_____)_____

Employer:_____Location:_____Position:_____

Name: _____Phone No. (_____)_____

Employer:_____Location:_____Position:_____

Name: _____Phone No. (_____)_____

Employer:_____Location:_____Position:_____

CONDITIONS OF EMPLOYMENT

I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.

II. I authorize whatever background and personal reports needed to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.

III. I understand that I may be required to work overtime as a condition of being employed.

IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at-will, and that this application is not a contract of employment with Farrell Equipment & Supply Co., Inc and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either Farrell Equipment & Supply Co., Inc or me. I understand that no representative of Farrell Equipment & Supply Co., Inc, has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of Farrell Equipment & Supply Co., Inc, may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and the President of Farrell Equipment & Supply Co., Inc.

V. I understand that I will be required to submit to a pre-employment, and/or post-employment test for fitness and/or substance abuse, if not prohibited by law.

VI. Upon separation of employment, I authorize Farrell Equipment & Supply Co., Inc to withhold from my final pay check any monies owed by me (if not prohibited by law) for equipment, loans, products, services, uniforms unreturned, benefits advanced that I have not earned, materials or other assets in my possession not promptly returned or repaid as agreed.

VII. As a condition of employment, I accept that any complaint or conflict that cannot be resolved internally may be referred to Alternative Dispute Resolution, unless prohibited by law, before any other legal action is taken.

DATE_____ **SIGNATURE**_____

© HR Enterprise, Inc., 2014. This copyrighted document is the intellectual property of HR Enterprise, Inc. Usage rights are available per customer purchase agreement.