

APPLICATION FOR EMPLOYMENT
An Equal Opportunity / Affirmative Action Employer
Drug-Free Workplace

Position Applying For: _____ Date Available to Work: _____

Are you legally able to work in the United States?: No Yes

Have you ever worked for our company before?: No Yes, When: _____ Where: _____

Legal Name: _____ Home: _____

Address: _____ Mobile: _____

_____ E-mail: _____

EDUCATION

Circle Highest Grade Completed:				
Grade School:	High School:	College:	Graduate School:	Have You Taken the G.E.D. Test?
1 2 3 4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No
School	Name & Location of School	No. of Credits Completed Carrying	Major/Minor	Degree
High School:				
College/University:				
Grad School, College/University:				
Vocational, Business, Military:				

***Please indicate if college hours are semester or quarter*

List special equipment or machines you can operate or any additional skills: _____

Do you have a valid Driver's License? No Yes, State: _____ License Number: _____ Exp. Date: _____

Do you have a valid commercial driver's license (CDL)? No Yes, Class: _____ Endorsements: _____

Has your driver's license or CDL been revoked or suspended? No Yes, Reason: _____

Have you ever been convicted of a felony? No Yes, Reason(s), Date(s), Place(s): _____

A felony conviction may not automatically exclude you from consideration.

EMPLOYMENT HISTORY *Begin with your most recent and relevant job and provide as much detail as possible.*

May we contact your present employer? No Yes

1. Dates employed: _____ Position: _____ Salary (Starting) _____ (Ending) _____ Name of Employer: _____ Phone: _____ Supervisor: _____ Address: _____ Reason for Leaving: _____ Job Duties: _____
2. Dates employed: _____ Position: _____ Salary (Starting) _____ (Ending) _____ Name of Employer: _____ Phone: _____ Supervisor: _____ Address: _____ Reason for Leaving: _____ Job Duties: _____
3. Dates employed: _____ Position: _____ Salary (Starting) _____ (Ending) _____ Name of Employer: _____ Phone: _____ Supervisor: _____ Address: _____ Reason for Leaving: _____ Job Duties: _____
4. Dates employed: _____ Position: _____ Salary (Starting) _____ (Ending) _____ Name of Employer: _____ Phone: _____ Supervisor: _____ Address: _____ Reason for Leaving: _____ Job Duties: _____

Have you ever been disciplined or fired from a job? No Yes Reason: _____

CHARACTER REFERENCES (Other than relatives)

NAME	ADDRESS	PHONE



PLEASE READ EACH STATEMENT CAREFULLY, CHECK THE BOX
SIGN AND DATE AT THE BOTTOM

- I understand that filling out this application does not imply any promise of my employment with The Allen Company, Inc.
- I certify, under penalty of law, that the information given in this application is true and complete to the best of my knowledge.
- I am aware that, should investigation at any time reveal any falsification, I may not be considered for employment or, if employed, I may be terminated.
- I also understand that a background check will be required, and that, in accordance with the Drug-Free Workplace Program, drug testing will be required.
- I authorize The Allen Company, Inc to investigate my previous employment and to make such other investigations as may be deemed necessary. I release The Allen Company, Inc. and my current and previous employers from all liability resulting from such information.
- Should I be offered employment, I will be able to show proof of my legal right to work in the United States as required by the Immigration Reform and Control Act.
- I understand that if this application is not filled out in its entirety and signed and dated it will automatically be disqualified.

Applicant Signature: _____ Date: _____

The Allen Company, Inc. is an Equal Employment Opportunity (EEO)/ Affirmative Action employer.

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected classification as defined by applicable law and regulation.

EEO DATA REPORTING FORM

The Federal Government requires the following information to be collected for statistical reporting as a part of the Affirmative Action Program. Refusal to answer will not result in adverse treatment for any applicant. This information is not to be used in the employment processes nor released in a manner which identifies the individual. This form will be removed prior to being forwarded to any hiring authority.

Name: _____ Date: _____

Position Applying for: _____ Gender: _____ Date of Birth: _____

Ethnicity (Race)

- American Indian / Alaskan Native
- Asian / Pacific Islanders
- African American / Black / Non Hispanic
- Hispanic / Latino
- White / Caucasian / Non Hispanic

Veteran

- Disabled Veteran
- Vietnam Veteran
- Newly Separated Veteran
- Date of Separation: _____
- Other Protected Veteran

Disabled: Yes No

(Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?)

How did you hear about this Job Opening?: _____



FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

BACKGROUND CHECK AUTHORIZATION

By completing this form and signing below, I authorize The Allen Company, Inc. to request a Criminal Background Check a Motor Vehicle Record Check.

First Name	Middle Name	Last Name
Social Security Number	Date of Birth	Maiden Name
Address	City	State / Zip
Driver's License Number	Email Address	Any other names used

Signature

Date