



APPLICATION FOR EMPLOYMENT

Employment decisions will be based on the principles of equal opportunity. All personnel actions (recruiting, hiring, training, promotion, compensation, etc.) are administered without regard to any characteristic protected by state, federal or local law, assuming said characteristic does not interfere with the performance of essential job functions. Reasonable accommodations will be made for disabilities and religious beliefs. Please inform us of any necessary accommodations to the application process. **Please print or type.**

DEMOGRAPHICS

Applicant Name: First		Middle	Last	
Address		City	State	Zip
Telephone Number		Social Security Number		
- -				
Position(s) Applied for			Date of Application	
Salary Expected				

How did you learn about Entire Warehouse Solutions Inc.?

Advertisement—Specify: Employment Agency—Specify:

Employee Referral—Which employee? Other—Specify:

Have you applied for a position with us before? No Yes—Specify date:

Have you ever been employed with us before? No Yes—Specify date and position:

Are you currently employed? No Yes

Are you currently on “lay-off” status and subject to recall? No Yes

On what date would you be available for work?

Are you available to work: Full-time Part-time All shifts Temporary

Can you travel for work if necessary? Yes No

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

NOTE: Proof of eligibility will be required within three working days of employment.

Are you 18 years of age or older? Yes No

Are you willing to take drug tests at the Company’s request? No Yes

Have you ever gone by a name other than the one listed above? No Yes—Please list:

MILITARY SERVICE

List the last three (3) schools attended.

1. Name of College		Location
Years Completed	Degree/Major	G.P.A.
Diploma obtained?	Yes No	
2. Name of College		Location
Years Completed	Degree/Major	G.P.A.
Diploma obtained?	Yes No	
3. Name of College		Location
Years Completed	Degree/Major	G.P.A.
Diploma obtained?	Yes No	

MILITARY SERVICE

Have you ever served in the U.S. military? Yes No

NOTE: If you answered "no" to the above question, please skip the rest of this section.

What was the length of your military service? years, months

What was your rank at time of discharge?

What type of training and work experience did you receive while in the military?

Describe how you most benefited from being in the service:

Describe how you least benefited from being in the service:

EMPLOYMENT HISTORY

Employer		Supervisor	
Address		Phone	
Position Title and Duties			
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job?			
May we contact this employer?	Yes	No	Later
Employer		Supervisor	
Address		Phone	
Position Title and Duties			
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job?			
May we contact this employer?	Yes	No	Later
Employer		Supervisor	
Address		Phone	
Position Title and Duties			
Starting Date	Ending Date	Starting Pay	Ending Pay
Why did you leave this job?			
May we contact this employer?	Yes	No	Later

PROFESSIONAL REFERENCES

Name	Phone Number	Years Known
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ADDITIONAL INFORMATION

