

# FEREBEE CORPORATION

## EQUAL OPPORTUNITY EMPLOYER

### APPLICATION FOR EMPLOYMENT

TODAY'S DATE: \_\_\_\_\_ AVAILABLE DATE: \_\_\_\_\_

PERSONAL INFORMATION	
NAME: (First) _____	(Middle Initial) _____ (Last) _____
PHONE: (Primary) _____	(Other) _____
EMAIL ADDRESS: _____	
ADDRESS: _____	
CITY: _____	STATE: _____ ZIP: _____
POSITION APPLIED FOR _____	
DRIVERS LICENSE NO. _____	STATE: _____ CLASS: _____
<b>IN CASE OF EMERGENCY CONTACT (LIST TWO):</b>	
NAME: _____	NAME: _____
PRIMARY PHONE: _____	PRIMARY PHONE: _____
OTHER PHONE: _____	OTHER PHONE: _____
RELATIONSHIP: _____	RELATIONSHIP: _____

Are you legally authorized to work in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any physical limitations that restrict your ability to perform the work for the position you are applying?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you have any restrictions that prohibit you from working at or near certain locations?  
 Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

MILITARY EXPERIENCE				
MILITARY SERVICE BRANCH	DISCHARGE INFORMATION		LENGTH OF SERVICE	JOB TITLE
	DATE	RANK		

EDUCATION/TRAINING	
HIGHEST GRADE COMPLETED: _____	TYPE OF DEGREE RECEIVED: _____
LIST SPECIAL TRAINING COMPLETED: _____ _____	
SPECIAL SKILLS: _____ _____	

Where did you hear about this job opportunity? \_\_\_\_\_ Employee Referral  
 \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ Afro-American Cultural Center \_\_\_\_\_ CPCC \_\_\_\_\_ Char-Meck Comm Relations Committee  
 \_\_\_\_\_ City of Char. Employment and Training Dept. \_\_\_\_\_ Employ. Sec. Comm. \_\_\_\_\_ Meck. Co. Womens Comm.  
 \_\_\_\_\_ Minority Business Development Center \_\_\_\_\_ NAACP \_\_\_\_\_ Wider Opportunity for Women  
 \_\_\_\_\_ State Vocational Rehab. Agency \_\_\_\_\_ Yellow Pages \_\_\_\_\_ or Other \_\_\_\_\_

For Office Use			
	MVR _____ E-Verify _____ New Hire Report Sent _____		
Hire Date	Foreman	Position	Rate
Notes			

**EMPLOYMENT HISTORY**

HAVE YOU EVER WORKED FOR FEREBEE CORPORATION BEFORE? Yes \_\_\_ No \_\_\_ IF YES, WHEN? \_\_\_\_\_

**PAST EMPLOYMENT (LIST MOST RECENT JOB FIRST)**

DATES	COMPANY 1	POSITION	PAY RATE	Reason for Leaving
FROM:	NAME: _____			
	PHONE: _____			
TO:	ADDRESS: _____			
	SUPERVISOR: _____			

Equipment/Computer Software Operated: \_\_\_\_\_  
JOB DUTIES: \_\_\_\_\_

DATES	COMPANY 2	POSITION	PAY RATE	Reason for Leaving
FROM:	NAME: _____			
	PHONE: _____			
TO:	ADDRESS: _____			
	SUPERVISOR: _____			

Equipment/Computer Software Operated: \_\_\_\_\_  
JOB DUTIES: \_\_\_\_\_

DATES	COMPANY 3	POSITION	PAY RATE	Reason for Leaving
FROM:	NAME: _____			
	PHONE: _____			
TO:	ADDRESS: _____			
	SUPERVISOR: _____			

Equipment/Computer Software Operated: \_\_\_\_\_  
JOB DUTIES: \_\_\_\_\_

**BY MY SIGNATURE BELOW I AGREE TO AND UNDERSTAND THE FOLLOWING CONDITIONS:**

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, **FALISIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND OF ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES OF ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I UNDERSTAND AND AGREE THAT, IF HIRED, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PRIOR NOTICE. I FURTHER UNDERSTAND THAT IF HIRED, THE FIRST NINETY (90) DAYS OF MY EMPLOYMENT WILL BE A PROBATIONARY PERIOD.

DURING THE FIRST NINETY (90) DAYS OF MY EMPLOYMENT, FEREBEE CORPORATION MAY AT ITS DISCRETION DISCHARGE ME FOR NONPERFORMANCE OR ANY OTHER REASON. I FURTHER UNDERSTAND THAT IF MY EMPLOYMENT IS TERMINATED WITHIN THIRTY (30) DAYS OF MY EMPLOYMENT, EITHER VOLUNTARILY OR FOR CAUSE, THAT I WILL BE RESPONSIBLE FOR THE COST OF MY DRUG TEST AND PERSONAL PROTECTIVE EQUIPMENT GIVEN TO ME THAT SUCH COSTS WILL BE DEDUCTED FROM MY FINAL PAYCHECK.

IF MY EMPLOYMENT BEGINS BEFORE FEREBEE CORPORATION RECEIVES THE RESULTS OF MY PRE-EMPLOYMENT DRUG SCREENING, I UNDERSTAND THAT IF THE RESULTS ARE POSITIVE, FEREBEE CORPORATION, WITHOUT PREJUDICE, WILL IMMEDIATELY TERMINATE MY EMPLOYMENT WITH THE COMPANY. **I AGREE TO WAIVE ALL RECOURSE OR ACTION AGAINST FEREBEE CORPORATION FOR TERMINATING MY EMPLOYMENT AS A RESULT OF A POSITIVE DRUG TEST.**

I authorize a Motor Vehicle Report for the purposes of determining my eligibility to operate a commercial motor vehicle and/or a company owned vehicle. I also waive all damages and hold harmless Ferebee Corporation and the Motor Vehicle Record Reporting Agency should a report be returned that could adversely affect my employment. Initial here: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_