

FEREBEE CORPORATION

EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

TODAY'S DATE: _____ AVAILABLE DATE: _____

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

<u>MILITARY EXPERIENCE</u>					
MILITARY SERVICE BRANCH	DISCHARGE INFORMATION			LENGTH OF SERVICE	JOB TITLE
	DATE	RANK	TYPE		

<u>EDUCATION/TRAINING</u>	
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			
	Hire Date	Foreman	
	Position	Rate	
<div style="display: flex; justify-content: space-between;"> MVR _____ E-Verify _____ New Hire Report Sent _____ Notes </div>			

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/WHEN MY EMPLOYMENT IS TERMINATED, EITHER VOLUNTARILY OR FOR CAUSE, THAT I WILL BE RESPONSIBLE FOR PAYING FEREBEE COPORATION FOR ANY MONEY I OWE FOR THE COST OF CELL PHONE, UNIFORMS, KEYS, CARDS, ETC. THAT I'VE BEEN ISSUED AND AUTHORIZE FEREBEE CORPORATION TO MAKE SUCH DEDUCTIONS FROM MY FINAL PAYCHECK(S).

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: _____