

Linn Post and Pipe Supply, Inc.

Application for Employment

Full / Part

Start:

Wage:

Name _____ Social Security Number _____

Present Address _____

Cell Phone Number _____ Date _____

Referred by _____ (if applicable)

List Former Residences (Last 5 years)

1. _____
2. _____
3. _____

Position Applying For _____ Expected Wage per Hour _____

Why do you want to work for us? _____

Have you ever been employed by us before? Yes No

Names of relatives employed by us _____

Are you over the age of 18? Yes No If no, employment is subject to verification that you are of legal age.

Are you a citizen of the United States? Yes No If you are not a citizen of the United States, can you provide Form I-9 as proof that you can legally be employed in the United States? Yes No

Do you intend to remain permanently in the United States? Yes No

Have you ever received fund under Workman's Compensation Act for the loss of time resulting from injury? Yes No

If yes, what company? _____

Nature of injury? _____

Length of Disability? _____

Was your case discharged on the basis of your complete recovery? _____

In case of emergency, please notify: (Name & Phone) _____

What are your interests? (hobbies, leisure activities, amusements, etc.) _____

Are you willing to submit to a physical examination? Yes No

Doctor's Name and Phone Number _____

Please sign if you have no objections to having an examination to determine if your physical condition in any way would prevent you from performing duties assigned to you if you are hired.

X _____

Please sign if you would be willing to sign a letter to your doctor releasing this information.

X _____

EDUCATION:

<u>School</u>	<u>Name & Location</u>	<u>Type of School</u>	<u>Years Attended</u>	<u>Degree Received</u>
High School	_____	_____	_____	_____
College	_____	_____	_____	_____
Other	_____	_____	_____	_____

SERVICE IN THE UNITED STATES ARMED FORCES:

Period of Service _____ Circle Branch: Army Navy Marines
Starting Rank _____ Rank at discharge _____
Type of discharge _____
Summarize type of training and special skills acquired while in the armed forces:

Are you in the Reserves? ___Yes ___No If yes, are you active or inactive? _____

Are there any other skills, qualifications, or experiences that you feel would particularly fit you to work for this company?

REFERENCES: (List three – Please do not include relatives.)

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Years Known</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

EMPLOYMENT: (List last job first)

	<u>Previous Employer</u>	<u>Employed From/To</u>	<u>Work Description</u>	<u>Reason Left</u>
1.	_____	_____	_____	_____
	Phone Number _____		Contact Name _____	
2.	_____	_____	_____	_____
	Phone Number _____		Contact Name _____	

May we contact any of your previous employers? ___Yes ___No If no, please indicate the number from above that you do not want us to contact. _____

Please sign if you have no objections to having your name submitted to the law enforcement authorities for checking should the management at Linn Post and Pipe, Inc. feel it is necessary to do such.
X _____

ALL APPLICANTS READ THE FOLLOWING STATEMENT CAREFULLY

I hereby certify that all questions are correctly answered and authorize the company to contact references and all other sources they see fit in order to verify facts and information furnished with regard to my character and qualifications. I further understand that completion of this form does not assure me of a position with this company or obligate the company in any way. I further understand that any misleading or incorrect statements may render this application void and if employed, would be cause for immediate discharge. Applications are active for six months.

X _____ Date _____