

BAILEY MANUFACTURING COMPANY, LLC.

Employment Application



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Are you 18 or older? YES <input type="checkbox"/> NO <input type="checkbox"/>	Desired Salary	
Position Applied for		Shift Preference: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/>	
Are you a citizen of the United States?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If so, when?	Reason for Leaving?
Have you ever been convicted of a felony ?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, give dates & explain	

A "yes" answer will not automatically disqualify you from employment. We will consider the nature and date of the offense and the job for which you are applying for job-related purposes only, and only to the extent permitted by applicable law.

EDUCATION			
High School	Address		
Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Do you have a GED? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College	Address		
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other	Address		
	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	

REFERENCES	
<i>Please list three professional references. NO PERSONAL REFERENCES PLEASE i.e. Former Supervisor, etc</i>	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

PREVIOUS EMPLOYMENT *PLEASE LIST MOST RECENT FIRST*

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information or omissions in my application or interview may result in my release. In consideration of my employment, I agree to conform to the company's rules and regulations, and I agree that my employment and compensation can be terminated, with or without cause, and with or without notice, at any time, at either my or the company's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause, and with or without notice at any time by the company. I understand that no company representative, other than its president, and then only in writing and signed by the president, has any authority to enter into any agreement for employment for any specific period of time.

Signature	Date
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<p>Office Use Only: Date Started _____ Position _____ Wage \$ _____</p> <p>VP Sign Off _____ HR Sign Off _____</p> <p>Probationary Period _____</p>
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