

Prospective employees will receive consideration without discrimination based on race, creed, color, sex, age, national origin, veteran status, marital status, disability, handicap, sexual orientation, citizenship status or any condition prescribed by state or local law.

**Pannell Industries, Inc.**

**APPLICATION FOR EMPLOYMENT**

<b>P E R S O N A L</b>	Last Name	First	Middle	Application Date
	Street Address			Home Telephone ( )
	City, State, Zip			Business or Cell Telephone ( )
	Have you ever applied for employment with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year _____ Location _____			Date of Birth (dd/mm/yyyy)
	Position Desired <input type="checkbox"/> CDL Driver / Sweeper Operator <input type="checkbox"/> Diesel Truck Mechanic <input type="checkbox"/> Accountant <input type="checkbox"/> Debris Pick-up Driver <input type="checkbox"/> Shop Helper <input type="checkbox"/> Administrative Assistant			Pay Expected
	Apart from absence for special occasion, are you available for a full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No Which shift can you work (for driver only)? <input type="checkbox"/> Day Shift (6am - 6pm) <input type="checkbox"/> Night Shift (6pm - 6am) <input type="checkbox"/> Both Are you able to work on weekend (for driver & mechanic only)? <input type="checkbox"/> No <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday <input type="checkbox"/> Both			Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you legally eligible for employment in the United States?			When will you be available to begin work? _____
	Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," describe in full.			Ethnicity & Race <input type="checkbox"/> White <input type="checkbox"/> African American <input type="checkbox"/> American Native <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Asian or Pacific Islander
	Other special training or skills (languages, machine operation, etc.)			
	Do you have Commercial Driver License (CDL)? <input type="checkbox"/> No <input type="checkbox"/> Yes, CDL Class _____ State Issued _____			

<b>E D U C A T I O N</b>	School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma
	Graduate				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	College				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Business /Trade/ Technical				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	High School				<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Elementary				<input type="checkbox"/> Yes <input type="checkbox"/> No	

# EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

<b>1</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

<b>2</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

<b>3</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

<b>4</b>	Company Name	Telephone (     )
	Address	Employed - (State month and year) From                      To
	Name of Supervisor	Weekly pay Start                      Last
	State Job Title and Describe Your Work _____	Reason for leaving

We may contact the employers listed above unless you indicate those you do not want us to contact.	<b>DO NOT CONTACT</b>
	Employer Number(s) _____ Reason _____ _____

<b>MILITARY</b>	Did you serve in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," in what Branch?
	Describe any training received relevant to the position for which you are applying. _____ _____	

R E F E R E N C E  C H E C K	Employer	Person Contacted	Results
	1		
	2		
	3		
	4		

T E S T  R E S U L T S	Tests Administered	Raw Score	Rating	Analysis and Comments

I N T E R V I E W  R E S U L T S	Interviewer Name and Comments

## Additional Information

Membership in professional and civic organizations, special accomplishments, awards, etc.  
*(Exclude those which may disclose your race, color, religion, age or national origin)*


## Applicant's Signature

Please read and understand this statement before signing your application:

The information I have provided in this Application for Employment is true, correct and complete. False, incomplete or misrepresented information of any kind, will be sufficient cause for my application to be rejected or, if discovered after I am employed, cause for immediate termination of my employment.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment resume or a personal interview. To assist in the processing of my Application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking, and using information to evaluate my employment request and all other persons, corporations or organizations who provide information for this purpose.

This application will expire in 30 days. After that date, unless otherwise notified, I understand that my status as an applicant will end. I may re-apply for employment in the future by completing a new application.

This application is not an employment agreement. If I accept an offer of employment I understand the employer may terminate my employment at any time, with or without cause and without prior notice, unless required by law. I understand that no one, other than an executive officer of the employer, has authority to enter into any employment agreement with terms contrary to the foregoing and then only in writing signed by such officer.

I fully understand and accept all terms and conditions in the above statement.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature