SOUTHERN LABEL CO., INC.

APPLICATION FOR EMPLOYMENT (FRONT)

Date: _____

We are commited to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, handicap or disability or veteran status.

PERSONAL BACKGROUND

Name: _____ Social Security# _____
Last First Middle

Present Address: _____
Street City State Zip Code

Permanent Address: _____
Street City State Zip Code

Phone No. ( ) _____ Referred by: _____

Position Applying for: _____ Date you can start _____ Pay Rate desired _____

Are you employed? _____ If so, may we inquire of your present employer? _____

Ever applied to this company before? _____ Where? _____ When? _____

Are you willing to work overtime? ☐ Yes ☐ No

U.S. Military or Naval Service _____ Rank _____

If driving is a requirement of the job for which you are applying, do you have a current, valid driver's license? ☐ Yes ☐ No

If driving is a requirement of the job for which you are applying, continued employment is contingent on you maintaining a current driver's license.

If a minor, can you produce the age/work certificate necessary to obtain employment? ☐ Yes ☐ No

Are you able, at the time of employment, to submit verification of your legal right to work in the U.S.? ☐ Yes ☐ No

Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
High School			
College			
Trade, Business or Graduate School			

Specialized technical skills *(i. e. computer programmer/language, equipment operation, special tools or machines used)*

_____

_____

Work Experience
(List below last four employers, starting with your present or last place of employment.)
You may include in such history any verified work performed on a volunteer basis.

Date Mo./Yr.	Name and Address of Employer	Salary	Position	Name of Supervisor	Reason for Leaving
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					
Fr.					
To.					

REFERENCES

Give the names of three persons not related to you, whom you have known at least three years.

	Name & Occupation	Address	Telephone Number	Years Known
1.				
2.				
3.				

APPLICANT'S STATEMENT

In signing this application, I certify that all of the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by this organization, I will abide by its rules and regulations which I understand are subject to change. I further understand that, if hired, my employment is for no definite period of time and may be terminated by either party at any time.

_____
Applicant's Signature

_____
Date