

APPLICATION FOR EMPLOYMENT



P.O. BOX 1258 · HEBER SPRINGS, AR 72543
800-334-1443 · 501-362-6261 · FAX 501-362-2264

PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____

REFERRAL SOURCE ADVERTISEMENT EMPLOYEE RELATIVE GOVERNMENT EMPLOYMENT AGENCY
 WALK-IN PRIVATE EMPLOYMENT AGENCY OTHER _____

NAME OF SOURCE (IF APPLICABLE) _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE NUMBER _____ CELL PHONE NUMBER _____

EMAIL ADDRESS _____

IF NECESSARY, BEST TIME TO CALL YOU AT HOME..... _____

MAY WE CONTACT YOU AT WORK?..... YES NO

IF YES, WORK NUMBER AND BEST TIME TO CALL..... (____) _____ - _____

IF YOU ARE UNDER 18, CAN YOU FURNISH A WORK PERMIT?..... YES NO

HAVE YOU FILED AN APPLICATION HERE BEFORE?..... YES NO

IF YES, PROVIDE DATE..... ____/____/____

HAVE YOU EVER BEEN EMPLOYED HERE BEFORE?..... YES NO

IF YES, GIVE DATES..... FROM ____/____/____ TO ____/____/____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?..... YES NO
(PROOF OF U.S. CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

DATE AVAILABLE FOR WORK..... ____/____/____

TYPE OF EMPLOYMENT DESIRED: FULL TIME PART-TIME TEMPORARY SEASONAL EDUCATIONAL CO-OP

ARE YOU ON A LAY-OFF AND SUBJECT TO RECALL?..... YES NO

WILL YOU WORK OVERTIME IF REQUIRED?..... YES NO

HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST SEVEN (7) YEARS?..... YES NO
(SUCH CONVICTION MAY BE RELEVANT IF JOB RELATED, BUT DOES NOT BAR YOU FROM EMPLOYMENT)

IF YES, PLEASE EXPLAIN: _____

DRIVER'S LICENSE NUMBER (IF REQUIRED BY JOB)..... STATE _____

GARRECO, LLC. IS AN EQUAL OPPORTUNITY EMPLOYER

LIST YOUR LAST FOUR (4) EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT, INCLUDING MILITARY EXPERIENCE.

EMPLOYER () TELEPHONE ()	DATES EMPLOYED FROM TO		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES.
ADDRESS			
JOB TITLE	HOURLY RATE/SALARY STARTING		
IMMEDIATE SUPERVISOR AND TITLE	\$	PER	
REASON FOR LEAVING	HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER	
EMPLOYER () TELEPHONE ()	DATES EMPLOYED FROM TO		SUMMARIZE THE NATURE OF THE WORK PERFORMED AND JOB RESPONSIBILITIES.
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IMMEDIATE SUPERVISOR AND TITLE	\$	PER	
REASON FOR LEAVING	HOURLY RATE/SALARY FINAL		
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER	\$	PER	

COMMENTS (INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT)

SKILLS AND QUALIFICATIONS SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERIENCES THAT MAY QUALIFY YOU FOR WORK WITH OUR COMPANY.

EDUCATIONAL BACKGROUND

A. LIST LAST THREE (3) SCHOOLS ATTENDED, STARTING WITH LAST ONE. B. LIST NUMBER OF YEARS COMPLETED. LIST ANY FOREIGN LANGUAGE(S) AND INDICATE SKILLS OF READ, WRITE, AND/OR SPEAK.
C. INDICATE DEGREE OR DIPLOMA. D. GRADE POINT AVERAGE OR CLASS RANK. E. MAJOR AND MINOR FIELD OF STUDY.

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE / DIPLOMA	D. GPA CLASS RANK	E. MAJOR / MINOR	LANGUAGE	READ, WRITE, AND/OR SPEAK

REFERENCES

LIST NAME AND TELEPHONE NUMBER OF THREE BUSINESS/WORK REFERENCES WHO ARE NOT RELATED TO YOU AND NOT PREVIOUS SUPERVISORS. IF NOT APPLICABLE, LIST THREE SCHOOL OR PERSONAL REFERENCES WHO ARE NOT RELATED TO YOU.			LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ASSOCIATIONS AND ANY OFFICES HELD. (EXCLUDE MEMBERSHIPS WHICH WOULD REVEAL SEX, RACE, RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY OR OTHER PROTECTED STATUS.)			
NAME	TELEPHONE	YEARS KNOWN	ORGANIZATION	OFFICES HELD		
()	()					
()	()					
()	()					

ADDITIONAL INFORMATION

LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, OR ANY OTHER INFORMATION YOU WOULD LIKE US TO CONSIDER (EXCLUDE INFORMATION WHICH WOULD REVEAL SEX,RACE,RELIGION, NATIONAL ORIGIN, AGE, ANCESTRY, HANDICAP OR OTHER PROTECTED STATUS.)

IT IS UNDERSTOOD AND AGREED THAT ANY MISREPRESENTATIONS BY ME IN THIS APPLICATION WILL BE SUFFICIENT CAUSE FOR CANCELLATION OF THIS APPLICATION AND/OR SEPARATION FROM THE EMPLOYER'S SERVICE IF I HAVE BEEN EMPLOYED. FURTHERMORE, I UNDERSTAND THAT JUST AS I AM FREE TO RESIGN AT ANY TIME, THE EMPLOYER RESERVES THE RIGHT TO TERMINATE MY EMPLOYMENT AT ANY TIME, WITH OR WITHOUT CAUSE AND WITHOUT PRIOR NOTICE. I UNDERSTAND THAT NO REPRESENTATIVE OF THE EMPLOYER HAS THE AUTHORITY TO MAKE ANY ASSURANCES TO THE CONTRARY. I GIVE THE EMPLOYER THE RIGHT TO INVESTIGATE ALL REFERENCES AN TO SECURE ADDITIONAL INFORMATION ABOUT ME, IF JOB RELATED.

I HEREBY RELEASE FROM LIABILITY THE EMPLOYER AND ITS REPRESENTATIVES FOR SEEKING SUCH INFORMATION AND ALL OTHER PERSONS, CORPORATIONS OR ORGANIZATIONS FOR FURNISHING SUCH INFORMATION. THE EMPLOYER IS AN EQUAL OPPORTUNITY EMPLOYER. THE EMPLOYER DOES NOT DISCRIMINATE IN EMPLOYMENT AND NO QUESTION ON THIS APPLICATION IS USED FOR THE PURPOSE OF LIMITING OR EXCLUDING ANY APPLICANT'S CONSIDERATION FOR EMPLOYMENT ON A BASIS PROHIBITED BY LOCAL, STATE OR FEDERAL LAW. THIS APPLICATION IS CURRENT FOR ONLY (60) DAYS. AT THE CONCLUSION OF THIS TIME IF I HAVE NOT HEARD FROM THE EMPLOYER AND STILL WISH TO BE CONSIDERED FOR EMPLOYMENT, IT WILL BE NECESSARY FOR ME TO FILL OUT A NEW APPLICATION.

SIGNATURE OF APPLICANT _____ DATE ____/____/____



NOTICE OF ALCOHOL AND DRUG ABUSE POLICY

As part of the Company's effort to provide a safe and healthful environment, free from alcohol and drug abuse, all job applicants that have received a conditional offer of employment may be required to undergo a drug screening before a final employment decision is made.

Employees of the Company are required to comply with the Policy as a condition of continued employment. A copy of the Policy is available for review.

I hereby release Garreco, LLC., the collection site, the testing laboratory, representatives, agents, contractors, and the employees for all of the above, from any liability arising from the administration of the collection or test and any employment decisions made on the basis of the test results.

I acknowledge that I have read and understand all of the foregoing and wish to proceed with the application process.

APPLICANT'S NAME: _____
(PLEASE PRINT)

APPLICANT'S SIGNATURE: _____
(SIGN)

DATE: _____