



Employment Application

Applicant Name _____

Information

Position Applied For		
Address		
City, State, Zip		
Years at this Address		
Phone Number		
Email Address		
Social Security Number		
Date of Birth		
Driver's License Number Issuing State		
Number of Violations on Driver's License		
Emergency Contact Name		
Relationship to You		
Emergency Contact Phone Number		

If offered employment, when would you be able to begin work? _____

Are you legally able to work in the U.S.A.? yes no

Are you able to lift at least fifty pounds for a prolonged period? yes no

Have you applied to our company before? yes no If yes, when? _____

Who referred you to our company? _____

Please list 2 references

Name	Address	Phone Number

Education and Training

High School Name and Address		
Last Grade Completed		Diploma <input type="checkbox"/> yes <input type="checkbox"/> no
College Name and Address		
Diploma Received		
Other Training or Certificates		

Employment History #1	
	<i>Start with most recent first</i>
Employer Name	
Address	
City, State, Zip	
Job Duties	
Reason for Leaving	
Dates of Employment (month/year)	
Rate of Pay	

Employment History #2	
Employer Name	
Address	
City, State, Zip	
Job Duties	
Reason for Leaving	
Dates of Employment (month/year)	
Rate of Pay	

Employment History #3	
Employer Name	
Address	
City, State, Zip	
Job Duties	
Reason for Leaving	
Dates of Employment (month/year)	
Rate of Pay	

Certification

I certify that the information provided on this Application is truthful and accurate. I understand that providing false or misleading information will be the basis for rejection of my Application, or if employment commences, immediate termination.

I authorize ELKINS WHOLESale, INC. to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate information regarding my previous employment and education.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its President, the employment relationship will be entirely voluntary in nature. In other words, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose and for reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of ELKINS WHOLESale INC., except in a specific written contract of employment signed on behalf of the organization by its President, has the power to alter or vary the voluntary nature of the employment relationship.

I fully understand that I will be required to complete a drug screening as a condition of employment, and that a positive result will be sufficient reason for not hiring or termination. I understand that I may be required to submit to aptitude testing depending on the job requirements of the position being filled.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION, AND I UNDERSTAND AND AGREE TO ITS TERMS.

Applicant Signature _____ Date _____