

STATES INDUSTRIES, INC.

Application for Employment

Please read carefully and complete by printing in ink

Last name		First		Middle Initial		Are you at least 18 years old?		Date of Application	
Street address						Specific job desired		Social Security Number	
City		State		ZIP		Home telephone		Work telephone	
How were you referred to our Company? (Circle one.)	A By your school	B Advertisement	C Employment Agency	D By an employee	If so, give name:	E Recruiting Source	F Walk-In	G Other	
If employed, may we contact your present employer?				Yes		No		Date Available	

An Equal Opportunity Employer

We are an equal opportunity employer. We do not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, or existence of any physical or mental disability that does not prevent you from performing the essential functions of the position for which you are applying.

Provide all information requested

You must truthfully answer all inquiries on any form used in the hiring process, including this application form, drug and alcohol test form, and the Form I-9. If you feel the question is not applicable, put "N/A" in the space provided. Any material omission of information, false, misleading, or inaccurate information on any form used in the hiring process will result in the rejection of the application, withdrawal of any offer of employment or termination of employment if the false or inaccurate information is discovered after the date of hire.

Employment Record

Starting with present or most recent, list all previous employers. Include self-employment, summer and part-time jobs. If more space is required, please continue on a separate sheet. You may attach a resume, but complete this application as well.

Last or present company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City		State		ZIP code	
Supervisor's name			Phone number		
Wage rate		Dates worked			
		From		To	
Reason for leaving					
Company		Type of business		Type or classification of job	
Street address			Phone number		Brief description of job duties
City		State		ZIP code	
Supervisor's name			Phone number		
Wage rate		Dates worked			
		From		To	
Reason for leaving					

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Company		Type of business	Type or classification of job
Street address		Phone number	Brief description of job duties
City	State	ZIP code	
Supervisor's name		Phone number	
Wage rate	Dates worked From To		
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Wage rate	Dates worked From To		
Reason for leaving			

Military Record

Branch of service	From	To
Kinds of training and duty while in service		

Professional/Work References

List two past supervisors and one person, not related to you who have knowledge of your qualifications for the position for which you are applying.

Name	Title/relationship	Address (street, city, state, Zip code)	Phone no. (include area code)	Occupation

Have you ever applied for employment with us? Yes No If yes, when?

Have you ever worked for us before? Yes No If yes, when?

Have you ever been convicted of a crime, excluding traffic violations? (A conviction will not necessarily bar you from employment)

Yes No If yes, describe in full

I am willing to work: **Day Shift** _____ **Swing Shift** _____ **Graveyard** _____

Overtime _____ **Weekends** _____

This employment application will be kept in active application file for forty-five (45) days unless it is screened out. Your application will be considered only for the job(s) for which you have applied. To keep your application active, you must return to this office after thirty (30) days but prior to forty-five (45) days and request your application be renewed. At that time you will be requested to date and sign a renewal form and make any appropriate updates to your application. This application renewal process must be repeated every forty-five days to keep your application under consideration for employment with our Company. To qualify for employment at States Industries you will need to provide evidence of United States citizenship, or authorization to work in the United States, as required by the Immigration Reform and Control Act of 1986.

If employed by States Industries I will agree to abide by all present and subsequent Company rules. I understand that a drug test will be required of me before final acceptance as an employee. I also understand that my employment would be at will for no definite period and may be terminated by either me or the Company at any time, for any reason.

I certify that answers provided on this application are true and correct to the best of my knowledge. I authorize States Industries to investigate any statement on this application and authorize any reference listed, to provide information requested in the investigation concerning employment, character and qualifications. I release my previous employers, the schools I attended, and the people I have named as references from all liability for any damages arising from their responses to the Company's investigation. I understand that false or misleading information or omissions made by me in this application are grounds to deny employment or, if hired, to terminate employment at any time.

Signature

Date

If any of your educational or employment records are under other than the above name, please provide other names.