

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(Please Print)

Position(s) Applied For	Date of Application
How did you learn about us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Inquiry
	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
* If applying for a driver position and at the above address less than 3 years, please list previous addresses for the past 3 years.		
Address	Number	Street
		City
		State
		Zip Code
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s) (Please indicate best time to call at each)		Social Security Number
E-mail address		

If you are under 18 years of age, can you provide required proof of your eligibility to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever filed an application with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____	
Have you ever been employed with us before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, give date: _____	
Do any of your friends or relatives, other than spouse, work here?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, state name and relationship _____	
Are you currently employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, may we contact your current employer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of citizenship or immigration status will be required upon employment.</i>	
Date available for work ____ / ____ / ____	What is your desired salary range? _____
Are you available to work:	<input type="checkbox"/> Full Time (Please indicate 1 2 3 shift)
	<input type="checkbox"/> Part Time (Please indicate Mornings Afternoon Evenings)
	<input type="checkbox"/> Temporary (Please indicate dates available ____ / ____ - ____ / ____)
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a felony within the last 7 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Conviction will not necessarily disqualify an applicant from employment.</i>	
If yes, please explain: _____	

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. If applying for a driver position, you must list previous 3 years of work history.

Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Job Title & Work Performed
Address	From	To	
City, State, Zip			
Telephone Number(s)	Hourly Rate / Salary		
Supervisor	Starting	Final	
Reason for Leaving			May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

School	Location	Course of Study	Years Completed	Diploma / Degree
High School				
Undergraduate College				
Graduate / Professional				
Other (specify)				

Comments: Explain any gaps in employment.

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business or civic activities and office held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected states.

ADDITIONAL INFORMATION

Other Qualifications *Summarize special job-related skills and qualifications acquired from employment or other experience.*

SPECIALIZED SKILLS (Skills/Equipment operated)

___ PC/MAC	___ Drafting	Production Machinery (list)	Other (list)
___ Word Processing	___ AutoCAD	_____	_____
___ Spreadsheet	___ CNC Programming	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ YES _____ NO

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members or past supervisors.*

Name	Phone Number	Best Time to Call	Occupation
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

DRIVER EXPERIENCE AND QUALIFICATION *Complete this section only if applying for a driver position.*

Date of Birth _____ (month/day/year) The U.S. Department of Transportation required that driver applicants state their date of birth (§391.21(b)(2))

LICENSES

Drivers licenses held in past 3 years must be shown	State	License No.	Class	Endorsement(s)	Expiration Date

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
- B. Has any license, permit or privilege ever been suspended or revoked? Yes No
- C. Have you ever been disqualified for violations of the Federal Motor Carrier Safety Regulations? Yes No
- If you answered "yes" to A, B, or C, attach a statement giving details.

DRIVING EXPERIENCE

Class of Equipment	Type of Equipment (Van, Tank, Flat, Etc.)	Dates:		Approximate Total Miles
		FROM	TO	
Straight Truck				
Tractor and Semi-Trailer				
Twin Trailers – LCV's				
Other				

List states operated in during last five years _____

List special courses or training that will help you as a driver _____

List driving awards held and who awards were presented by _____

ACCIDENT REVIEW FOR PAST 3 YEARS (Attach separate sheet of paper if more space is needed)

Dates	Nature of accident (Head-On, Rear-End, Overturn, Etc.)	Fatalities	Injuries
Last Accident			
Next Previous			
Next Previous			

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS OTHER THAN PARKING VIOLATIONS

Location	Date	Charge	Penalty

I Certify that the above is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 3 years. If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 3 years.

Date at certification

Applicant's Signature

APPLICANT DISCLOSURE AND CONSENT TO REQUEST CONSUMER REPORT INFORMATION

I understand that Creative Laminates, Inc. may utilize the services of a consumer-reporting agency as part of the procedure for processing my application for employment. I also understand that if hired, Creative Laminates, Inc. may obtain further information through subsequent investigations by a consumer-reporting agency so as to update, renew, or extend my employment, or for consideration for reassignment or promotion.

I understand that information obtained from a consumer reporting agency's investigation may include information from the previous seven (7) years. Information obtained may include references, past employment, work habits, education, criminal background, character, general reputation and driving records.

I understand that such information may be obtained by direct or indirect contact by a consumer credit agency with former employers, schools, and public agencies or other persons who may have such knowledge.

I also understand that, pursuant to Fair Credit Reporting Act, 15 U.S.C. 1681a, et seq., (FCRA), before I am denied an assignment, extension, reassignment or promotion of employment, or other benefit of employment, based in whole or in part, on information obtained in the report, Creative Laminates will provide me with a copy of the report and a description in writing of my rights under the FCRA.

I understand that if I disagree with the accuracy of any of the information in the report, I must notify Creative Laminates within five (5) days of my receipt of the report. If I notify Creative Laminates, Inc. that I am challenging information in the report, Creative Laminates, Inc. will not make a final decision on my status until after I have had a reasonable opportunity to address the information contained in the report.

I hereby consent to this investigation and authorize Creative Laminates, Inc. to procure a report of my background as stated above from a consumer-reporting agency.

Name (print): _____ SSN: _____

Signature: _____ Date: _____

