



## APPLICATION FOR EMPLOYMENT

Southwestern Suppliers, Inc. is an Equal Employment Opportunity Employer which makes employment decisions without regard to race, color, sex, religion, national origin, age, handicap, disability or marital status. The company also reasonably accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

### **Southwestern Suppliers, Inc. is a Drug-Free Workplace.**

(PLEASE PRINT AND COMPLETELY ANSWER ALL QUESTIONS)

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

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#### PERSONAL DATA

LAST NAME FIRST MIDDLE

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STREET ADDRESS CITY STATE/ZIP CODE TELEPHONE NUMBER

How long have you been at this address? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ If not state your age for child labor law purposes only \_\_\_\_\_

Salary desired: \$ \_\_\_\_\_ Will you work overtime, if required? \_\_\_\_\_ Will you work weekends? \_\_\_\_\_

Are there any days, shifts or hours you will not work? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Are you available for out of town work? \_\_\_\_\_

When will you be able to start work? \_\_\_\_\_

Are you able to perform the essential functions of the job for which you are applying, either with or without reasonable accommodation? \_\_\_\_\_

If no, describe the functions that cannot be performed: \_\_\_\_\_

Have you ever been convicted of ANY crime? \_\_\_\_\_

(An arrest or conviction will not necessarily disqualify you)

If yes, explain and give dates: \_\_\_\_\_

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Can you, within three days after employment, submit documentation verifying that you are legally eligible to work in the United States? \_\_\_\_\_

Have you taken any illegal drugs in the last 30 days? \_\_\_\_\_

If hired, are you willing to submit to a controlled substance test? \_\_\_\_\_

Do you smoke? \_\_\_\_\_

How did you learn of our Company? \_\_\_\_\_

Have you ever applied or worked here before? \_\_\_\_\_

If yes, provide dates: \_\_\_\_\_

List any relatives or friends currently employed here: \_\_\_\_\_

Who should be contacted in case of an emergency?

Name	Address	Telephone #	Relationship
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**EMPLOYMENT HISTORY** (Please complete for all full-time or part-time employment beginning with the most recent employer)

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Dates Employed  
From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_

State job titles and describe job duties. \_\_\_\_\_ Start \_\_\_\_\_ Last \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Dates Employed  
From \_\_\_\_\_ To \_\_\_\_\_

Name of Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_

State job titles and describe job duties. \_\_\_\_\_ Start \_\_\_\_\_ Last \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_  
Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
State job titles and describe job duties. \_\_\_\_\_ Start \_\_\_\_\_ Last \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
Company Name \_\_\_\_\_ Telephone # \_\_\_\_\_  
Address \_\_\_\_\_ Dates Employed  
\_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Rate of Pay \_\_\_\_\_  
State job titles and describe job duties. \_\_\_\_\_ Start \_\_\_\_\_ Last \_\_\_\_\_  
\_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Please explain any gaps in your employment history \_\_\_\_\_  
\_\_\_\_\_

Have you ever been discharged or forced to resign? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Did you receive any discipline in the last 12 months of active employment? \_\_\_\_\_  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Were you given a performance evaluation within the last 12 months of active employment? \_\_\_\_\_  
If yes, what was the range of scores used and what was your score? \_\_\_\_\_  
\_\_\_\_\_

Have you signed any non-compete agreement with any other employer that would restrict you from working with this company? \_\_\_\_\_

If so, please explain \_\_\_\_\_

\_\_\_\_\_

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**MILITARY:** (Complete only if you served in the military)

Branch of Service: \_\_\_\_\_ Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Were you honorably discharged? \_\_\_\_\_

Describe any military skills, training or experience you believe are relevant to the job applied for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EDUCATION:** (May or may not be considered depending on job applied for)

Name of High School, City, State: \_\_\_\_\_

Did you graduate? \_\_\_\_\_

College/University, City, State: \_\_\_\_\_

Number of years completed: \_\_\_\_\_ Degree earned: \_\_\_\_\_

Describe any additional, skills, training or experience you believe are relevant to the job applied

for: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRIVING RECORD:** (May or may not be considered depending on the job applied for)

Do you have a VALID driver's license or State ID? \_\_\_\_\_

License/ID Number, State issued: \_\_\_\_\_

Have you had any tickets? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has your license ever been suspended or revoked? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

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#### APPLICANT'S ACKNOWLEDGEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I understand that any misrepresentations, misleading statements, or incomplete answers may be grounds for denial of employment or discharge at any time without prior notice.

I understand that, as a condition of employment, the company will conduct a background investigation as deemed appropriate by the company, including but not limited to criminal, credit, motor vehicle and employment history. I hereby authorize the company (or its agent) to do so and release from liability anyone giving or obtaining such background information. Furthermore, I understand any employment offer is contingent upon successfully completing a pre-employment medical examination, which includes a drug screen.

This application does not constitute a contract of employment or an indication that any jobs are available. I understand that, if employed, my employment with the Employer is not for a specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitute an employment contract or modification of the at-will employment relationship between me and the Employer.

I acknowledge that this application will remain active for 60 days from this date. If I have not heard from the Company at the conclusion of this 60 day period, it is my responsibility to complete a new application if I still wish to be considered for employment by the Company.

My signature below verifies that I have read and understand the foregoing statements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_