



APPLICATION FOR EMPLOYMENT

PRE EMPLOYMENT QUESTIONNAIRE ~ AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE: _____

SOCIAL SECURITY #: _____

NAME:

LAST

FIRST

MIDDLE

PRESENT ADDRESS:

STREET

CITY

PA

ZIP

PHONE NO.

ARE YOU AT LEAST 18 YEARS OLD?

Yes

No

If 'No', do you have a work permit?

Yes

No

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES?

Yes

No

EMPLOYMENT DESIRED

DATE YOU

SALARY

POSITION

CAN START

DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE

OF YOUR PRESENT EMPLOYER?

PRIOR AWP EMPLOYMENT?

WHEN?

TYPE OF EMPLOYMENT DESIRED/SHIFT? Full-time

Part-time

1st

2nd

3rd

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING WITH OR WITHOUT REASONABLE ACCOMMODATION? THIS QUESTION IS NOT DESIGNED TO ELICIT INFORMATION ABOUT AN APPLICANT'S DISABILITY. DO NOT PROVIDE INFORMATION ABOUT THE EXISTENCE OF A DISABILITY, PARTICULAR ACCOMMODATION OR WHETHER AN ACCOMMODATION IS NECESSARY)

Yes

No

More information

needed

HAVE YOU EVER PLEADED GUILTY OR NO CONTEST TO, OR BEEN CONVICTED OF A CRIME? ANSWERING

YES WILL NOT AUTOMATICALLY BAR AN APPLICANT FROM EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, THE SERIOUSNESS OF THE VIOLATION, REHABILITATION AND OTHER MITIGATING FACTORS WILL BE CONSIDERED.

Yes

No

IF YES, PLEASE PROVIDE DATE(S) AND DETAILS:

REFERRED BY: _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

SPECIAL SKILLS, QUALIFICATIONS, CERTIFICATIONS OR LICENSES:

FORMER EMPLOYERS

(LIST BELOW LAST THREE EMPLOYERS, STARTING WITH MOST CURRENT ONE FIRST)

DATE	NAME & ADDRESS OF EMPL.	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?**WHAT DID YOU LIKE MOST ABOUT THIS JOB?****REFERENCES:** LIST THREE PEOPLE NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

APPLICANT STATEMENT

I UNDERSTAND THAT IF I PROVIDE FALSE INFORMATION, I WILL NO LONGER BE CONSIDERED FOR EMPLOYMENT. IF THE FALSE INFORMATION IS DISCOVERED AFTER I AM HIRED, I UNDERSTAND THAT THE FALSE INFORMATION WILL BE GROUNDS FOR IMMEDIATE DISMISSAL.

I AUTHORIZE AN INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE. I RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE INFORMATION TO YOU. I UNDERSTAND AND AGREE THAT IF HIRED, MY EMPLOYMENT IS AT WILL AND IS FOR NO DEFINITE PERIOD. EITHER ME OR AWP MAY TERMINATE THE THE EMPLOYMENT RELATIONSHIP AT ANY TIME WITH OR WITHOUT CAUSE OR WITH OR WITHOUT NOTICE EXCEPT WHERE NOTICE MAY BE REQUIRED BY LAW. I UNDERSTAND THAT NO SUPERVISOR OR REPRESENTATIVE OF THE EMPLOYER IS AUTHORIZED TO MAKE ANY TYPE OF ASSURANCE FOR MY CONTINUED EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME OR IMPLY ANY TYPE OF CONTRACT, ORAL OR WRITTEN WITHOUT A VALID SIGNATURE FROM AWP'S PRESIDENT.

I UNDERSTAND THAT IF HIRED, MY EMPLOYMENT IS CONTINGENT ON SUPPLYING AWP WITH PROOF THAT I AM LEGALLY ELIGIBLE TO WORK IN THE U.S. AS REQUIRED BY FEDERAL IMMIGRATION LAWS AND WILL BE REQUIRED TO COMPLETE AN I-9 FORM.

I UNDERSTAND THAT THIS APPLICATION REMAINS CURRENT FOR A ONE (1) YEAR PERIOD. AFTER THE ONE (1) YEAR PERIOD, IF I WANT TO BE CONSIDERED FOR ANY OPEN POSITIONS AT AWP, I AM REQUIRED TO REAPPLY AND COMPLETE ANOTHER APPLICATION.

I UNDERSTAND THAT THIS FORM HAS BEEN DESIGNED TO COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING EMPLOYMENT DISCRIMINATION. NO QUESTION ON THIS APPLICATION IS INTENDED TO ELICIT INFORMATION IN VIOLATION OF ANY SUCH LAW NOR WILL ANY INFORMATION OBTAINED IN RESPONSE TO ANY QUESTION BE USED IN VIOLATION OF SUCH LAW. I FURTHER UNDERSTAND THAT NO QUESTION ON THIS APPLICATION IS USED FOR THE LIMITING OR EXCLUDING AN APPLICANT FROM EMPLOYMENT BASED ON ANY TITLE VII OF THE CIVIL RIGHTS ACT OF 1964 OR ANY OTHER FEDERAL, STATE OR LOCALLY PROTECTED RIGHT.

APPALACHIAN WOOD PRODUCTS, INC. IS AN EQUAL OPPORTUNITY EMPLOYER AND DOES NOT TOLERATE UNLAWFUL DISCRIMINATION IN ITS EMPLOYMENT PRACTICES.

I CERTIFY THAT I READ, FULLY UNDERSTAND AND ACCEPT ALL THE TERMS OF THE APPLICANT STATEMENT.

DATE: _____ SIGNATURE: _____