



Application for Employment

PLEASE PRINT

CURRENT AS OF 1/04

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____ / ____ / ____

Referral source Advertisement Employee Relative Government Employment Agency

 Walk-in Private Employment Agency Other _____

Name of source (if applicable) _____

Name _____ Social Security # _____ - _____ - _____

Last First Middle

Address _____

Street City State/Zip Code

Telephone # () _____ - _____ Mobile/Beeper/Other Phone # () _____ - _____ E-Mail Address _____

If necessary, best time to call you at home is : _____ AM/PM

May we contact you at work? Yes No

If yes, work number and best time to call () _____ - _____ : _____ AM/PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____ / ____ / ____

Have you ever been employed here before? Yes No

If yes, give dates / ____ / ____

Are you legally eligible for employment in this country? Yes No

Date available for work / ____ / ____ What is your desired salary range? \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op

Will you relocate if job requires it? Yes No Will you travel if job requires it? Yes No

Are you able to meet the attendance requirements of the position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? Yes No

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? Yes No

If yes, please provide date(s) and details _____

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIES FOR WILL BE TAKEN INTO ACCOUNT.

Driver's license number if driving is an essential job function _____ State _____

Columbia Industries is an Equal Opportunity Employer. No applicant for employment will be excluded on the basis of race, color, creed, sex, age, national origin, marital status, disabled veteran status, Vietnam veteran era status or the presence of any physical, mental or sensory disability.

Employment History

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

EMPLOYER	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			
EMPLOYER	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
		FROM	TO	
ADDRESS				
STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			
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REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			
EMPLOYER	TELEPHONE# ()	DATES EMPLOYED		SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES
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STARTING JOB TITLE/FINAL JOB TITLE		HOURLY RATE/SALARY		
		STARTING		
IMMEDIATE SUPERVISOR AND TITLE				
REASON FOR LEAVING		HOURLY RATE/SALARY		
		FINAL		
MAY WE CONTACT FOR REFERENCE?	YES NO LATER			

Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT _____

Skills and Qualifications

Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if job related)

A. List last three (3) schools attended, starting with most recent. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. **F.** Minor field of study (if applicable).

A. SCHOOL	B. NUMBER OF YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	F. MINOR

References

List name and telephone numbers of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are *not* related to you.

NAME	TELEPHONE	NUMBER OF YEARS KNOWN
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held.
EXCLUDE MEMBERSHIP THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.
EXCLUDE MEMBERSHIP THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

List any additional information you would like us to consider.

Applicant Statements

I expressly authorize, without reservation, Columbia Industries, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that if driving is a part of the position I am applying for, I will need to obtain and submit a driving record from the Department of Motor Vehicles.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that if it is a requirement of the job to obtain the Hepatitis/Tetnus series, Columbia Industries will pay for these shots. However, should I leave the employment of Columbia Industries prior to six months, I will be required to repay a portion of that cost, and \$60 will be deducted from my last paycheck.

This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of Columbia Industries is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in written and signed by Columbia Industries' president.

I also understand that if I am hired, I will be required to pass a criminal background check, drug screen, and provide proof of identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 Form in this regard.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions, new or changes in processes developed during my employment, are the exclusive property of the company to use and/or sell and that subsequent to my employment with this company I will not disclose, use or reveal any confidential information related to the company without first obtaining written consent from an officer of the company.

I certify that all information I have provided in order to apply for and secure work with Columbia Industries is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I hereby apply for employment upon the basis and understanding that such employment may be terminated at any time upon notice given to me personally or sent to my last known address.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ **Date** ____/____/____

Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

UPDATED 10/06

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for _____ Date ____ / ____ / ____.

Referral Source

Walk-in _____ Government Employment Agency _____ Private Employment Agency _____
Employee _____ Relative _____ School _____
Advertisement – Source _____ Other _____

Name of person who referred you (IF APPLICABLE) _____

Applicant Information

Name _____ Telephone # (____) _____ - _____
Last First Middle

Address _____ Street _____ City _____ State/Zip Code _____

Male _____ Female _____

Please check one of the following Equal Employment Opportunity Identification Groups:

Hispanic/Latino _____ American Indian/Alaska Native _____ Black/African American (not of Hispanic/Latino Origin) _____
Asian _____ Native Hawaiian/Other Pacific Islander _____ White (not of Hispanic/Latino Origin) _____
Two or more races (not of Hispanic/Latino Origin) _____

For Administrative Use Only

Position(s) applied for _____ Available _____ Not Available _____

Other positions considered for _____

Hired Yes _____ No _____

Position hired for _____ Date of hire ____ / ____ / ____

From the EEO job classifications listed below, which one best describes the position filled?

Exec & Senior Level Officials (1.1) Mid-level Officials & Managers (1.2) Lower Level Officials & Managers (1.3)
Professionals (2) Technicians (3) Sales Workers (4)
Administrative Support Workers (5) Service Workers (6) Craft Workers (7)
Operatives (Semi-Skilled) (8) Laborers & Helpers (9)

Notes _____

Completed by _____ Date ____ / ____ / ____