



# EMPLOYMENT APPLICATION

DATE: \_\_\_\_\_

***PERSONAL INFORMATION***

NAME (LAST)		FIRST	MIDDLE	Email address
PRESENT ADDRESS		CITY	STATE	ZIP CODE
PERMANENT ADDRESS		CITY	STATE	ZIPCODE
PHONE NO.		REFERRED BY		

***EMPLOYMENT DESIRED***

POSITION APPLIED FOR:	DATE YOU CAN START	SALARY DESIRED
ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF EMPLOYMENT: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME	SHIFTS PREFERRED: <input type="checkbox"/> 1 <sup>ST</sup> <input type="checkbox"/> 2 <sup>ND</sup> <input type="checkbox"/> 3 <sup>RD</sup>
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, MAY WE CONTACT YOUR PRESENT EMPLOYER?	
NAME OF CURRENT EMPLOYER	PHONE NUMBER OF CURRENT EMPLOYER	
HAVE YOU EVER APPLIED TO THE COMPANY BEFORE?    YES    NO	WHEN	UNDER WHAT NAME

***EDUCATION HISTORY***

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL			
COLLEGE			
OTHER			

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your applications.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have US Military experience? \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_

Are you lawfully entitled to be employed in the United States? \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ NO \_\_\_\_\_ YES

If yes, please state citation, date and place where conviction occurred. \_\_\_\_\_

**Former Employers** (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH & YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

May we contact the employers listed? \_\_\_\_\_ YES \_\_\_\_\_ NO

If not, which one (s)? \* \_\_\_\_\_

**References** (LIST BELOW THREE INDIVIDUALS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**Please read the following statement carefully before signing to indicate your understanding.**

"I hereby consent to a hearing test, urinalysis and/or other tests as shall be determined by Stewart Manufacturing, LLC the "company".

I understand that if my results are determined unacceptable and/or the current, illegal use of drugs and/or abuse of alcohol would prohibit me from being employed at this Company.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on the application may result in termination.

I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated with or without cause, at any time, with or without notice.

I authorize investigation of all statements contained in this application for any employment-related purpose. I release the listed references and all employers, except those specifically excepted,\* to provide you with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to the Company.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**DO NOT WRITE BELOW THIS LINE**

APPROVED: \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE