

EMPLOYMENT APPLICATION

(PLEASE PRINT)

PERSONAL:

Date: ____/____/____

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Position Applying For: _____

Can you perform the essential functions of the position you are applying? Yes [] No []

If no, please explain (If you have any question as to what functions are applicable to the position for which you are applying, please ask the interviewer before you answer this question).

When would you be available to begin work? _____

Are you legally eligible to be employed in the United States? Yes [] No []

(Proof of identity and eligibility to be required upon employment)

Are you over the age of 18 years? Yes [] No [] (If no, you may be required to provide authorization to work.)

Have you ever worked for Nicklas Supply before? Yes [] No []

If yes; Where? _____ When (Give dates) _____ Job Title: _____

Do you have any relatives or friends who work for Nicklas Supply? Yes [] No []

If yes; Name and Where do they work?

Are you available to work: Days [] Nights [] Weekends [] Full Time []

Days and Hours Available

(If employed, notification must be provided in writing should availability changes.)

Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:							
To:							

Are you presently employed Yes [] No [] If yes, may we contact your employer? Yes [] No []

Do you belong to any professional, trade, business or civic organizations that deal with the position for which you are applying? Yes [] No []

If yes, please explain and list offices held: (Omit any organization which reflects your race, color, religion, age, sex, sexual orientation, marital status or disabilities.)

EDUCATION:

	<i>Name of School</i>	<i>Course of Study</i>	<i># of Years Completed</i>	<i>Diploma/Degree Received</i>
<i>High School</i>				
<i>College</i>				
<i>Vocational or Trade School</i>				
<i>Graduate</i>				

Have you completed any special courses, seminars and/or training directly related to the position in which you are applying? Yes [] No []

If yes, please describe:

EMPLOYMENT HISTORY:

<i>Name of Employer</i>		<i>Telephone Number</i>	
<i>Full Address (Including Street, City, State, & Zip)</i>		<i>Supervisor's Name and Title</i>	
<i>Dates Employed</i> <i>From: Month/Day/Year</i>	<i>To: Month/Day/Year</i>	<i>Rate of Pay</i> <i>Beginning</i>	<i>Rate of Pay</i> <i>Final</i>
<i>Still Employed:</i> <i>Yes [] No []</i>	<i>May we contact your employer:</i> <i>Yes [] No []</i>	<i>Job Title:</i>	<i>Reason for leaving:</i>

NICKLAS

S U P P L Y

Were you discharged or terminated by the employer? Yes [] No []	Describe the work performed?
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EMPLOYMENT HISTORY CONTINUED ON NEXT PAGE

Name of Employer		Telephone Number	
Full Address (Including Street, City, State, & Zip)		Supervisor's Name and Title	
Dates Employed From: Month/Day/Year	To: Month/Day/Year	Rate of Pay Beginning	Rate of Pay Final
Still Employed: Yes [] No []	May we contact your employer: Yes [] No []	Job Title:	Reason for leaving:
Were you discharged or terminated by the employer? Yes [] No []	Describe the work performed?		

Name of Employer		Telephone Number	
Full Address (Including Street, City, State, & Zip)		Supervisor's Name and Title	
Dates Employed From: Month/Day/Year	To: Month/Day/Year	Rate of Pay Beginning	Rate of Pay Final

NICKLAS

S U P P L Y

Still Employed: Yes [] No []	May we contact your employer: Yes [] No []	Job Title:	Reason for leaving:
Were you discharged or terminated by the employer? Yes [] No []	Describe the work performed?		

MILITARY SERVICE:

Branch: _____ Date Entered: _____ Date Discharged: _____

Do you have the service-related skills applicable to civilian employment? Yes [] No []

If yes, please describe:

REFERENCES:

Please give three references at least one previous work reference

Name	Occupation
Address	Telephone Number
Relationship to you	

Name	Occupation
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NICKLAS

S U P P L Y

Address	Telephone Number
Relationship to you	

Name	Occupation
Address	Telephone Number
Relationship to you	

IMPORTANT - PLEASE READ AND SIGN ALL:

Nicklas Supply/SPLASH is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, age, disability, protected veteran status, national origin, or any other characteristic protected by applicable law.

This employment application (and accompanying resume, if any) are true and correct to the best of my knowledge, and I agree and understand that any misrepresentation or falsification of information or omission of information during the employment application process may disqualify me from further consideration for employment and, if employed, may subject me to dismissal. I further certify that I am a true and bona fide job applicant, honestly interested in working in the position(s) for which I have applied, and I am seeking employment with Nicklas Supply solely to provide me with the benefits of a job and for no other purpose. I understand that if I am hired, my employment is for no definite time, I am an At Will Employee and may be terminated at any time without prior notice.

Signature

Date

DRUG & ALCOHOL TESTING:

I, _____, do hereby agree to submit to testing to be performed for detection of drugs and alcohol. I give permission for test results to be released to Nicklas Supply Company.

I understand that positive test results, refusal to be tested, or any attempt to affect the test results or test sample will result in a withdrawal of my application for employment, of any provisional employment offer that I may have received from Nicklas Supply or termination of my employment, depending on results received.

Signature

Date

BACKGROUND CHECK:

I, _____, do hereby agree to have a background check run as part of the hiring process for Nicklas Supply Company.

Signature

Date