



**PLEASE PRINT ALL
INFORMATION REQUESTED
EXCEPT SIGNATURE**

APPLICATION FOR EMPLOYMENT

ALLAN COMPANY IS AN EQUAL OPPORTUNITY EMPLOYER

DATE _____

Name _____
Last First Middle

Have you ever used another name? No Yes
If yes, please provide the other names you have used:

Present address _____
Number Street City State Zip

How long _____ Social Security No. _____ - _____ - _____

Telephone (____) _____

If under 18, please list age _____

Position(s) applied for (1) _____
and salary desired (2) _____
(Please be specific)

Days/hours available to work
No Pref _____ Thur _____
Mon _____ Fri _____
Tue _____ Sat _____
Wed _____ Sun _____

How many hours can you work weekly? _____ Can you work nights? _____

Employment desired FULL-TIME ONLY PART-TIME ONLY FULL- OR PART-TIME

Date you can start work? _____

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A FELONY? No Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. A conviction will not necessarily disqualify you from employment.

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EDUCATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

OFFICE SKILLS (if applicable)				
Typing	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ WPM	10-key	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Computer	<input type="checkbox"/> Yes <input type="checkbox"/> No	PC <input type="checkbox"/> Mac <input type="checkbox"/>	Word Processing	<input type="checkbox"/> Yes <input type="checkbox"/> No
			Other	_____ WPM
			Skills	_____

LANGUAGES	
Are you able to read, write or speak a language other than English?	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, please list the languages that you are able to read, write or speak:	

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**WORK
EXPERIENCE**

Please list your work experience for the **past five years** beginning with your most recent job held.
If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		To	Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer Address	Name of last supervisor	Employment dates	Pay or salary
City, State, Zip Code Phone number		From	Start
		To	Final
Your Last Job Title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

(CONTINUED ON NEXT PAGE)

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**Work
experience
(continued)**

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		From To	Start Final
	Your last job title		
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Have you ever been employed by Allan Company? Yes No

Have you ever applied for employment with Allan Company? Yes No

If you are presently employed, may we contact your present employer? Yes No

Did you complete this application yourself Yes No

If not, who helped you? _____

CONDITIONS OF HIRING AND CONTINUED EMPLOYMENT

PLEASE READ CAREFULLY

AT-WILL EMPLOYMENT

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Allan Company, or otherwise to change in any respect the employment-at-will relationship between Allan Company and myself. If an employment relationship is created, Allan Company and I may each end the employment relationship at any time, without specified notice or reason. If employed, I understand that Allan Company may unilaterally change or revise its benefits, policies and procedures and such changes may include reduction in benefits.

DRUG AND ALCOHOL POLICY

I also understand that (1) Allan Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy.

MEDICAL EXAMINATIONS AND PHYSICAL AGILITY TESTS MAY BE REQUIRED

I further understand that Allan Company may request job-related pre-employment medical examinations or physical agility tests after I have been offered a job, and I agree to submit to such medical examinations or physical agility tests if and when requested by Allan Company. Allan Company will not require employees or applicants to pay for medical exams or physical agility tests. I further understand that under certain circumstances an offer of employment may be withdrawn based on the results of the medical examination or physical agility tests.

REPRESENTATION OF TRUTH IN ANSWERS

I represent that each of the answers given to the questions on this application are complete and true to the best of my knowledge. I understand that any misrepresentation or omission in my answers may result in, among other things, the withdrawal of an offer, or termination, of employment.

Signature of applicant _____ Date: _____

Printed name of applicant _____

NOTICE AND DISCLOSURE OF INVESTIGATION REPORTS

PLEASE READ CAREFULLY

Please be advised that Allan Company may obtain investigation reports about you in connection with your application for employment and/or at any time during your employment with Allan Company if you are hired or if you are a current employee, for employment purposes including, but not limited to, reassignment, promotion, retention, and rehiring.

Such investigation reports may include information concerning your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. This information may be obtained from personal interviews with your professional and personal acquaintances. You have the right to request in writing, within a reasonable period of time, a complete disclosure of the nature and scope of an investigation involving such personal interviews. Examples of investigation reports may include, but are not limited to, criminal background reports, motor vehicle driving records, credit histories, reference checks, verification of education or past employment, and investigations into theft, fraud, harassment and workplace violence.

Your signature below acknowledges that you have read and understand the above disclosure, and that you authorize such investigation reports.

Signature of applicant _____ **Date:** _____

Printed name of applicant _____

AUTHORIZATION TO OBTAIN INVESTIGATION REPORTS

PLEASE READ CAREFULLY

I, _____ (name of applicant), hereby authorize Allan Company to obtain any investigation reports on me in connection with my application for employment and/or at any time during my employment with Allan Company if I am hired or if I am a current employee, for employment purposes including, but not limited to, reassignment, promotion, retention, and rehiring.

I have received and read a Notice and Disclosure explaining that such investigation reports may include information concerning my creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, and/or mode of living. This information may be obtained from personal interviews with my professional and personal acquaintances.

I understand that Allan Company and its agents are not responsible for the accuracy or completeness of the information contained in any such reports. I release Allan Company and its agents from all liability, claims, and lawsuits with respect to the information obtained from any and all of the sources used by Allan Company.

I understand that this authorization is not an offer for employment by Allan Company and that any false or misleading information I have provided to Allan Company may result in a refusal to hire, promote, reassign, or continue employment.

I also understand that this authorization is a continuing authorization and will remain valid until such time as I inform Allan Company, in writing, that I wish to revoke this authorization.

Signature of applicant _____ Date: _____

Printed name of applicant _____

By checking this box, I have indicated that I would like a copy of a credit report if one is obtained by Allan Company.

NAME:

**POST EMPLOYMENT
INFORMATION FORM**

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height _____ ft. _____ in. Weight _____ Birth date _____

Married Yes No If married, how long? _____ Single Separated Divorced Widowed

Full name of spouse _____ Occupation _____

Name of company _____ Telephone (____) _____

PERSON TO BE NOTIFIED IN CASE OF EMERGENCY

Name _____ Telephone (____) _____

Address _____ Relationship _____

FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS

NAME	RELATIONSHIP	BIRTH DATE	SSN

**TO BE COMPLETED
BY EMPLOYER**

Interviewed by _____

Date of employment _____ Job title _____ Dept. _____

Location _____ Rate of pay _____ Full-time Part-time Salaried

Applicant's signature acknowledging above information _____

Drug test confirmation number _____

Name of person verifying information _____

Name of person authorizing employment _____

INS Form I-9 Completed Yes No