

Application for Employment

Overhead Door Company of Casper, Inc.

THIS APPLICATION FOR EMPLOYMENT WITH THIS COMPANY IS THE FIRST STEP OF THE HIRING PROCESS. PLEASE READ EACH QUESTION CAREFULLY BEFORE ANSWERING. THE APPLICATION IS NOT THE SOLE CRITERIA FOR HIRING; THIS COMPANY UTILIZES VARIOUS PROCEDURES TO VERIFY THE ACCURACY OF THE INFORMATION THAT YOU HAVE PROVIDED.

IF ANY OF THE INFORMATION CONTAINED IN THIS APPLICATION IS FOUND TO BE INCORRECT, OR IF YOU FAIL TO LIST ALL RELEVANT INFORMATION, IT MAY BE GROUNDS FOR NOT HIRING YOU, OR FOR FIRING YOU AFTER YOU HAVE BEGUN WORKING.

THIS APPLICATION IS TO BE COMPLETED BY THE APPLICANT ONLY

(Please Print)

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, mental or physical condition or handicap as provided by law.

Position (s) Applied For: _____

Date of Application: _____

Referral Source: Advertisement_____ Walk-in_____ Employee_____

Employment Agency_____ Relative_____

Name of Referral Source: _____

YOUR NAME:

(First)

(Middle)

(Last)

Other name that you have used which may be necessary to verify background information, previous employment and education:

Social Security #: ____ -- ____ -- ____

Driver's License #: _____ Type _____ State Issued: _____

Are you a Wyoming resident? _____ Yes _____ No

If yes, how long have you lived in Wyoming? _____

If no, do you plan on becoming a Wyoming resident? _____ Yes _____ No

Home Address: _____
(Street) (City, State) (Zip)

How Long at Present Address: _____

Home Telephone Number: () _____ Business Number: () _____

If at present address for less than ten (10) years, list your previous addresses and dates of residence for the most recent ten year period.

<u>Street</u>	<u>City, State</u>	<u>Zip</u>	<u>Dates of Residence</u> From (mm/yy) To (mm/yy)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYMENT DESIRED

Have you ever filed an application with this company before? Yes ____ No ____

**If yes when did you file? _____
(Date)

Do you have any relatives working for this company? Yes ____ No ____

**If yes, name (s) of relative: _____

REFERENCES

List below three (3) persons that have known you for at least one (1) year. DO NOT list relatives or former employers.

Name: _____	
Address:	
Occupation:	
Telephone: () _____	Number of years known: _____

Name: _____	
Address:	
Occupation:	
Telephone: () _____	Number of years known: _____

Name: _____	
Address:	
Occupation:	
Telephone: () _____	Number of years known: _____

EDUCATION AND TRAINING

SCHOOL NAME	LOCATION	DEGREE
Elementary		
High School		
College/University		

Highest degree earned:

High School ___ Associate ___ Bachelor ___
Masters ___ Doctorate ___

Describe any specialized training, experience, qualifications, or skills which you feel make you especially suited for work at this company.

U.S. MILITARY EXPERIENCE

Branch of Service: _____

Highest Rank Achieved: _____ Length of Service: _____

Did you receive any disciplinary action while in the service? Yes _____ No _____

If yes, please explain:

EMPLOYMENT HISTORY

The falsification of work history is the most common reason for disqualifying an application from further consideration for employment. Be sure to answer each question accurately.

If you are currently employed, may we contact your present employer?

Yes _____ No _____

If answered (No) to the above listed question, may we contact your employer at a later date to verify your employment?

Yes _____ No _____

In the last 5 years, how many jobs (full/part-time) have you had? _____

Were you laid off from any jobs in the last 5 years? Yes _____ No _____

If yes, from which employer? _____

Were you dismissed from any jobs in the last 5 years? Yes _____ No _____

If yes, from which employer?

In the last 12 months of employment, how many times did you come to work more than 15 minutes late without authorization? _____

In the last 12 months of employment, how many days of work did you miss? _____

In the last 3 years of employment, did you receive any written warnings or disciplinary actions from any of your employers? Yes _____ No _____

If yes, from which employer _____

Below list every job held in the last 10 years, including part-time jobs, temporary positions, volunteer work, U.S. military experience and any periods of unemployment. Start with your present job, or if unemployed, start with the last job you held.

EMPLOYER:	PHONE:
Address:	
Dates Employed: From _____ To _____	
Job Title/Duties:	

All Supervisors who evaluated your performance:	

Salary:	Start: _____ Ending: _____
Reason for leaving:	

EMPLOYER:	PHONE:
Address:	
Dates Employed: From _____ To _____	
Job Title/Duties:	

All Supervisors who evaluated your performance:	

Salary:	Start: _____ Ending: _____
Reason for leaving:	

EMPLOYER:	PHONE:
Address:	
Dates Employed: From _____ To _____	
Job Title/Duties:	

All Supervisors who evaluated your performance:	

Salary:	Start: _____ Ending: _____
Reason for leaving:	

EMPLOYER:	PHONE:
Address:	
Dates Employed: From _____ To _____	
Job Title/Duties:	

All Supervisors who evaluated your performance:	

Salary:	Start: _____ Ending: _____
Reason for leaving:	

COMPLETE THIS SECTION. THE JOB THAT YOU ARE APPLYING FOR REQUIRES THAT YOU OPERATE A MOTOR VEHICLE.

A person's driving record is public knowledge and can be obtained from the Secretary of State. With this in mind, be sure to answer the following questions correctly.

Do you currently have a valid driver's license? Yes _____ No _____

State Issued: _____ License #: _____ Exp. Date _____

List any states that have issued you a driver's license at any time in the past ten (10) years: _____

In the past ten (10) years, has your driver's license been suspended or revoked?

Yes _____ No _____

***If yes, when? _____ For how long? _____
(mm/yy)

Have you ever been convicted of driving under the influence (DUI, DWI)?

Yes _____ No _____

***If yes, please explain:

Do you have a CDL License? Yes _____ No _____

Below, list all traffic violations, other than parking, for which you have been convicted in the last five (5) years. .If none, write none.

Date of Violation:	Type of Violation:
Name & Location of Court:	
Date of Conviction:	Disposition & Fine:

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Name & Location of Court:	
Date of Conviction:	Disposition & Fine:

How many accidents have you ever been involved in, regardless of severity? _____

How many as the driver of: Commercial vehicle _____ Private vehicle _____

Date	Brief Description of Accident
Last Accident	
Next Previous	
Next Previous	
Next Previous	

GENERAL INFORMATION

Disclosure of a criminal record does not automatically disqualify you from employment consideration. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position (s) applied for will be considered.

Do not include fines or convictions which have been annulled or sealed by a court.

In the last ten (10) years, have you been convicted of a felony? Yes ____ No ____

If yes, briefly describe the details. Indicate the date, nature, and place of the offense, and the sentence received.

Have you recently tried or experimented with any illegal drugs? Yes ____ No____

**If yes, when did you try, when was the last time, and how often?

By signing the application below, I certify that all of my answers in this application are true and correct. I agree to the verification of all my statements and answers in this application before any hiring decisions are made. I authorize investigation of my past employment history as well as any investigation into my criminal history, credit and character.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, physical examination and a drug screening test. I understand and agree that any false, misleading or incomplete information given in this application, interview (s) or other pre-employment questionnaires and procedures, regardless of when discovered by the company, will be sufficient basis for my disqualification for employment, or if employed, the termination of my employment with this company. I agree that the Company shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.

I hereby acknowledge that I have read and understand all the information above, and agree to the terms therein.

Signature

Date