



THE SHADDIX COMPANY INC.

Application for Employment

Name: _____
(Last) (First) (Middle)

Address: _____
(Number and Street) (City) (State) (Zip)

Phone Number: _____ Birthdate: _____ Age: _____

Driver Licenses #: _____ Violations? _____

Social Security Number: _____ - _____ - _____

Circle One: Single / Married / Divorced / Widowed Spouse's Name: _____

Emergency Contact: _____ Phone Number: _____

Position(s) Applied For: _____

Status of Health: _____

Work History

Dates of Employment: _____ to _____ Last Rate of Pay: \$ _____
Company Name: _____ Location: _____
Type of Work Performed: _____ Full/Part Time: _____
Why did you leave? _____

Dates of Employment: _____ to _____ Last Rate of Pay: \$ _____
Company Name: _____ Location: _____
Type of Work Performed: _____ Full/Part Time: _____
Why did you leave? _____

Dates of Employment: _____ to _____ Last Rate of Pay: \$ _____
Company Name: _____ Location: _____
Type of Work Performed: _____ Full/Part Time: _____
Why did you leave? _____



THE SHADDIX COMPANY INC.

Have you ever worked for The Shaddix Company before? Yes No If Yes, when? _____

Reason for Leaving: _____

Skills, duties or special work interests: _____

Machines Operated: _____

Other Training: _____

Education Record

Last School Attended

Name: _____

Last Date Attended (Year): _____

City, State: _____

Last Grade Completed (Circle): 1 2 3 4 5 6 7 8 9 10 11 12

College or Trade School

Name: _____

Last Date Attended (Year): _____

City, State: _____

Last Grade Completed (Circle): 1 2 3 4

Would you be willing to work: (check all that apply)

Weekends: Yes No

Overtime: Yes No

Any Shift: Yes No

When would you be able to start work? _____

Will you submit to a drug/alcohol screen at any time? Yes No

Have you ever been convicted of a felony? Yes No

If Yes, list conviction(s): _____



THE SHADDIX COMPANY INC.

Please read carefully the Physical Demands Description for the position for which you are applying. Can you reasonable perform all of the duties listed on this form? [] Yes [] No

(Note: Answering 'No' to this question is not a bar to employment – all circumstances will be considered.)

References

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Shaddix Company Inc. is an equal opportunity employer. All applicants will be considered for employment without regard to race, sex, color, religion, national origin, disability and age.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

I understand that any omission or misrepresentation of material fact in this application may result in refusal of, or separation of employment. I hereby authorize this company to make any investigation of my background deemed necessary. I have no objection to making application for security clearance and, if necessary, signing an employee agreement on confidential information and inventions. I understand that I may be required to take a physical examination to determine whether I can safely perform the job I am seeking, and/or a drug/alcohol screening test as a condition of employment. Further, I understand and agree that my employment with this company is for no definite period and may, regardless of date of payment of my wages or salary, be terminated at any time without prior notice.

Signature of Applicant

Date of Signature