



EQUIPMENT COMPANY

APPLICATION FOR EMPLOYMENT

CONTACT INFORMATION

LAST NAME	FIRST	MIDDLE	
STREET ADDRESS	CITY	STATE	ZIP CODE
CONTACT PHONE NUMBER	EMAIL ADDRESS		

POSITION(S) APPLIED FOR	Date of Application
ERB EQUIPMENT BRANCH LOCATION	Department
HOW DID YOU LEARN ABOUT THIS POSITION?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Internet Advertisement <input type="checkbox"/> Website <input type="checkbox"/> Friend <input type="checkbox"/> Relative <input type="checkbox"/> Other _____	
Relatives or Friends Employed by Erb Equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, Name _____	

PERSONAL INFORMATION

Are you legally eligible to be employed in the United States?
 Yes
 No
Are you at least 18 years or older?
 Yes
 No

Have you ever worked for Erb Equipment before?
 Yes
 No
When/Job Title _____

Have you ever been convicted of, or plead guilty to, a felony or misdemeanor crime?
 Yes
 No
If yes, please explain _____

Are you able to perform the essential functions of the job for which you are applying, with or without a reasonable accomodation?
 Yes
 No
If no, please explain _____

EMPLOYMENT DESIRED

Date available to begin work? _____ Are you currently employed?
 Yes
 No
May we contact?
 Yes
 No

Hourly rate/salary desired _____ Type of employment desired:
 Full-Time
 Part Time
 Seasonal

Can you travel if a job requires it?
 Yes
 No

EDUCATION

	School Name & Location	Did you Graduate?	Degree Received	Subjects Studied/Major	Years Attended
HIGH SCHOOL	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
COLLEGE	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____
COLLEGE	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____

Describe any special courses, seminars, specialized training, and/or skills that would help you perform the position for which you are applying:

Professional Licenses or Certifications Held:

Type	State	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe duties and skills acquired through military or volunteer service (include dates):

EMPLOYMENT EXPERIENCE - PROVIDE INFORMATION REGARDING PREVIOUS EMPLOYMENT BEGINNING WITH MOST RECENT EMPLOYER

EMPLOYER #1		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
JOB TITLE	SUPERVISOR	SUPERVISOR TITLE	
EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY
RESPONSIBILITIES			
REASON FOR LEAVING _____			

EMPLOYER #2		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
JOB TITLE	SUPERVISOR	SUPERVISOR TITLE	
EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY
RESPONSIBILITIES			
REASON FOR LEAVING _____			

EMPLOYER #3		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
JOB TITLE	SUPERVISOR	SUPERVISOR TITLE	
EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY
RESPONSIBILITIES			
REASON FOR LEAVING _____			

EMPLOYER #4		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE
JOB TITLE	SUPERVISOR	SUPERVISOR TITLE	
EMPLOYED FROM	EMPLOYED TO	STARTING SALARY	ENDING SALARY
RESPONSIBILITIES			
REASON FOR LEAVING _____			

REFERENCES - PLEASE PROVIDE AT LEAST THREE REFERENCES (NOT RELATIVES)

NAME	RELATIONSHIP	PHONE NUMBER	EMAIL ADDRESS

AUTHORIZATION

The information set forth in this application and any supplemental information is true and complete to the best of my knowledge. I understand that, if employed, falsified statements on this application shall be considered sufficient cause for immediate discharge. I hereby authorize investigation of all statements contained herein and employers listed above to give you any and all information concerning my employment, and any pertinent information they may have, and release all parties from all liability for any damage that may result from furnishing same.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for the company to hire me. If I am hired, I understand that either the company or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

I understand that I am required to abide by all rules and regulations of the company, and that I may be required to satisfactorily complete a drug screening and background checks as a condition of employment.

SIGNATURE _____

DATE _____

FOR PERSONNEL DEPARTMENT USE ONLY

ARRANGE INTERVIEW Yes No

REMARKS

HIRED Yes No START DATE _____ HOURLY RATE / SALARY _____