



TO BE COMPLETED BY HIRING MANAGER

DATE OF APPLICATION _____
 LOCATION # _____
 POSITION _____
 JOB CODE _____
 EMPLOYEE NUMBER _____
 PAY RATE _____
 STATUS FT/PT/OS _____

APPLICATION FOR EMPLOYMENT

Please provide complete and legible information. An incomplete application may affect your consideration for employment. If necessary, attach a separate sheet for additional information.

The Company is committed to a policy of Equal Employment Opportunity and will not discriminate against an applicant or employee on the basis of age, sex, sexual orientation, race, color, creed, religion, ethnicity, national origin, alienage or citizenship, disability, marital status, military status, or any other legally recognized protected basis under federal, state or local laws, regulations or ordinances.

Applicants with disabilities may be entitled to reasonable accommodation under the terms of the Americans with Disabilities Act and certain state or local laws. A reasonable accommodation is a change in the way things are normally done that will ensure an equal employment opportunity without imposing an undue hardship on the Company. Please inform the Company's Human Resources Department if you need assistance completing any forms or to otherwise participate in the application process.

Additionally, since the Company seeks to reasonably accommodate its employees for religious observance, providing information regarding times in which you are unavailable to work will not be a bar to employment.

GENERAL INFORMATION

Full Name _____ Date _____
FIRST MIDDLE LAST

Address _____
STREET CITY STATE ZIP CODE

Phone Number (____) _____ Date available for work _____

Alternate Phone Number (____) _____ Social Security # _____

Email address: _____

Have you previously worked for the Company? Yes No

If yes, when? _____ Where? _____

Were you referred to Eastern Wholesale Fence or its affiliates by someone? Yes No If "Yes" by whom?

Are you legally authorized to work in the United States? Yes No
 (If hired, verification will be required consistent with federal law.)

Are you under the age of 18? Yes No

POSITION INFORMATION

Position applied for? _____ Salary range expected _____

Applying for: Full-time Part-time Seasonal

AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

Type of School	School Name and Location	Highest Grade Completed	Grade Point Average	Course of Study or Major
High School or G.E.D. equivalent		9 10 11 12/GED		
College or University		1 2 3 4		
Vocational or Trade School				
Graduate School				
Other (including military training)				

List any work-related certifications or licenses you currently possess:

Have you ever been discharged, suspended or asked to resign from any position?

Yes No If "Yes," please explain. _____

Do you have a valid State Driver's License?

Yes No If "Yes," please provide license I.D # _____

If "Yes" identify the type of license you possess (CDL, chauffeur's, driver's). _____

PROFESSIONAL REFERENCES

List three professional references (other than those listed as current/former supervisor) whom we may contact:

Name _____	Telephone No. () _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. () _____
E-mail Address _____	Type of Acquaintance _____
Name _____	Telephone No. () _____
E-mail Address _____	Type of Acquaintance _____

EMPLOYMENT RECORD

List all employment experience for the past 10 years, starting with the most recent or present employer. Using a separate section for each position, describe in detail all work experience, including periods of unemployment.

Current Employer _____ Town / State _____ Your Position _____ Supervisor's Name/Title _____ May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, why? _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ / _____ Month /Year To _____ / _____ Month /Year Reason for Leaving _____ _____
Employer _____ Town / State _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ / _____ Month /Year To _____ / _____ Month /Year Reason for Leaving _____ _____
Employer _____ Town / State _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ / _____ Month /Year To _____ / _____ Month /Year Reason for Leaving _____ _____
Employer _____ Town / State _____ Your Position _____ Supervisor's Name/Title _____ Primary responsibilities _____ _____	Phone (____) _____ From _____ / _____ Month /Year To _____ / _____ Month /Year Reason for Leaving _____ _____

ADDITIONAL COMMENTS

Please comment on how your prior education and experiences qualify you for the type of employment you are seeking. Detail any past responsibilities and achievements. (You may exclude any activities that would reveal any classification protected by federal, state, and local laws and ordinances, including, but not limited to, race, color, or religious belief.) _____ _____ _____ _____
--

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I have disclosed all information that is relevant and should be considered applicable to my candidacy for employment.

_____ Initials

I understand, where permissible under applicable state and local law, I may be subject to a drug test after receiving a conditional offer of employment and must receive a negative result before being permitted to commence work with the Company.

_____ Initials

I hereby certify that the information given by me is true in all respects. I authorize the Company and its representatives to contact my prior employers and all others for the purpose of verification of the information I have supplied and release same from any liability resulting from the information released. I authorize employers, schools and other persons named on this application to provide any information or transcripts requested.

_____ Initials

I understand employment with the Company is contingent on my providing sufficient documentation necessary to establish my identity and eligibility to work in the United States.

_____ Initials

I expressly understand and agree that, if employed, my employment, having no specified term, is based upon mutual consent and may be terminated at will, with or without cause, by either party (the employer or me) without prior notice to the other, unless otherwise prohibited by law.

_____ Initials

I understand that no representation, whether oral or written, by any representative or agent of the Company, at any time, can constitute an implied or expressed contract of employment. I further understand no representative or agent of the Company has the authority to enter into an agreement for employment for any specified period of time or to make any change in any policy, procedure, benefit or other terms or condition of employment other than in a document signed by the Director of Human Resources or his/her authorized representative.

_____ Initials

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in termination regardless of the time lapse before discovery.

I understand an offer of employment is conditioned upon complying with all of the Company's requirements including, but not limited to, signing any requested consent for the Company to conduct an investigation or obtain a report about my background.

MY SIGNATURE IS EVIDENCE I HAVE READ AND AGREE WITH THE ABOVE STATEMENTS.

Applicant's signature _____

Date _____

COMPANY USE ONLY

Interview #1 Signature _____

Date _____

Interview #2 Signature _____

Date _____