



# WILLIAM GEORGE COMPANIES

## APPLICATION FOR EMPLOYMENT



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, or disability.

PLEASE PRINT

NAME FIRST			MIDDLE			LAST			DRIVER'S LICENSE NUMBER						
									CLASS ( )						
ADDRESS (NUMBER, STREET)						CITY			STATE		ZIP CODE				
									TELEPHONE						
SOCIAL SECURITY NUMBER			IN CASE OF EMERGENCY NOTIFY						ADDRESS			TELEPHONE			
ARE YOU EMPLOYED NOW?			MAY WE CONTACT YOUR PRESENT EMPLOYER?						DATE YOU WOULD BE AVAILABLE FOR WORK						
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No												
			If no, please explain												
POSITIONS, APPLIED FOR								SALARY DESIRED							
HAVE YOU EVER WORKED FOR THIS COMPANY BEFORE?				IF YES,				WHEN?							
<input type="checkbox"/> Yes <input type="checkbox"/> No				WHERE?											
How were you referred to The Company? _____															
Will you work nights? _____ Weekends? _____ Full Time? _____ Part Time? _____															
Do you have reliable transportation, including public transportation, to get to work? _____															
Within the last 7 years, have you been convicted of a felony or released from prison? If yes, please explain _____															
If you are under 21 years of age, state your age _____ If so, proof of age is required prior to employment															
SCHOOL NAME AND YEARS COMPLETED				high _____				college _____				graduate/prof _____			
				9 10 11 12				1 2 3 4				1 2 3 4			
DIPLOMA/DEGREE															

### EMPLOYMENT EXPERIENCE - Start with present or last job

EMPLOYER					
ADDRESS AND TELEPHONE NUMBER		MONTH/YEAR EMPLOYED		JOB RESPONSIBILITIES:	
		FROM TO			
JOB TITLE					
SUPERVISOR		HOURLY RATE/SALARY			
		STARTING FINAL			
REASON FOR LEAVING					

EMPLOYER					
ADDRESS AND TELEPHONE NUMBER		MONTH/YEAR EMPLOYED		JOB RESPONSIBILITIES:	
		FROM TO			
JOB TITLE					
SUPERVISOR		HOURLY RATE/SALARY			
		STARTING FINAL			
REASON FOR LEAVING					

EMPLOYER					
ADDRESS AND TELEPHONE NUMBER		MONTH/YEAR EMPLOYED		JOB RESPONSIBILITIES:	
		FROM TO			
JOB TITLE					
SUPERVISOR		HOURLY RATE/SALARY			
		STARTING FINAL			
REASON FOR LEAVING					

REFERENCES: Give below the names of three persons not related to you whom you have known at least one year.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED

## MANAGEMENT APPLICANTS ONLY

Please Write a Brief Resume Since Leaving School: \_\_\_\_\_

\_\_\_\_\_

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## DRIVER AND WAREHOUSE APPLICANTS ONLY

These positions could require: Up to thirteen (13) hours per day; ability to lift 50-100 pounds frequently; entering and exiting delivery trucks and/or lift trucks; enduring extreme temperature changes from entering and exiting coolers and freezers; and frequent bending when moving merchandise.

Given our demanding work environment, are you able to perform these tasks with or without accommodation(s)? Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you require an accommodation to perform these tasks, how would you perform the tasks and with what accommodation(s)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I CONSENT TO DISCLOSURE OF INFORMATION.** I hereby grant permission to The Company to investigate my previous employment, educational background and character reference. I release all persons who furnish such information to The Company from all liability and damages. I understand that upon my written request to The Company, The Company shall make a complete and accurate disclosure of the nature and scope of such investigation, if one is made. I agree not to discuss my pay rate, or the rate of pay of others with The Company employees.

Due to the character of our work at The Company we must maintain a high level of security within The Company. Giving incomplete or false information in an application for employment is a serious matter and is grounds for dismissal and forfeiture of related benefits.

**IN CONSIDERATION OF MY EMPLOYMENT** I agree to conform to the rules and regulations of The Company, and I understand that I can leave The Company with or without notice, and with or without cause. Therefore, The Company reserves the same rights. I understand that no manager or any of The Company representatives have authority to enter into any agreement to the contrary.

**I CERTIFY THAT THE INFORMATION CONTAINED IS ACCURATE AND COMPLETE.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE