

# USA FENCE COMPANY

## Employment Application

Programs, service, and employment are equally available to everyone. Please inform the Human Resources Department if you require reasonable accommodation for the application or interview. USA Fence and its affiliate is an Equal Opportunity Employer.

Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

How were you referred to us: \_\_\_\_\_

### Applicant Data:

Full name (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile/Pager/Other: \_\_\_\_\_

Email: \_\_\_\_\_ Date Available to Start: \_\_\_\_\_

Social Security#: \_\_\_\_\_ Salary Requirement: \_\_\_\_\_

If you are under 18 and we require a work permit, can you furnish one? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If no, please explain: \_\_\_\_\_

Have you ever worked for this company? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, when? \_\_\_\_\_

Are you a citizen of the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If not, are you legally allowed to work in the United States? Yes: \_\_\_\_\_ No: \_\_\_\_\_

### Type of employment desired:

Full-Time: \_\_\_\_\_ Part-Time: \_\_\_\_\_ Temporary: \_\_\_\_\_ Seasonal: \_\_\_\_\_

Have you ever pled "guilty" "no contest" or been convicted of a crime? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, give dates and details: \_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic rejection for employment. Date of the offence, seriousness and nature of the violation, rehabilitation, and position applied for will be considered.

Driver's license number if applicable to position: \_\_\_\_\_ State: \_\_\_\_\_

## Summarize Your Special Skills or Qualifications:

### Previous Employment (begin with most recent position):

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_

Position (s) Held: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

Starting Salary and Tile: \_\_\_\_\_

Ending Salary and Tile: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer as a reference? \_\_\_\_\_

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Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Position (s) Held: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Starting Salary and Tile: \_\_\_\_\_  
Ending Salary and Tile: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer as a reference? \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
Position (s) Held: \_\_\_\_\_  
Firm: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
Starting Salary and Tile: \_\_\_\_\_  
Ending Salary and Tile: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_  
May we contact this employer as a reference? \_\_\_\_\_

I certify that my answers are true and complete to the best of my knowledge. I authorize you to make sure investigation and inquiries of my personal, employment, educational, financial, and other related matters as may be necessary for an employment decision.

I hereby release employers, schools, or individuals from all liability when responding to inquires in connection with my application.

I understand that USA Fence Company supports a Drug and Alcohol Free workplace and that if employed I will be asked to submit to drug screen testing and the results of same may cause my offer of employment to be withdrawn. Further, I understand that at any point during my employ I may be asked to submit to random testing to assure a safe environment and workplace.

USA Fence Company is an Equal Opportunity Employer and has an Affirmative Action Plan in place, a copy of which is posted in our lobby for review.

In the event I am employed, I understand that false or misleading information given in my application or interview(s) may result in discharge and that my employment is At-Will and not of a contractual nature and may be terminated at any time and without any liability to me for the continuation of salary, wages or employment related benefits except where governed by law.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_