

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY - INK PREFERRED)

NAME : _____ (Last, First, Middle Int.)	Social Security No. _____
Present Address: _____ Street City State Zip Code How Long Telephone Number (1 Choice)	
Previous Address _____ Street City State Zip Code How Long Telephone Number (2 Choice)	
Do you have a valid Driver's License? Yes <input type="checkbox"/> No <input type="checkbox"/> What State: _____ License No. _____	
Salary Desired: _____ Date You Can Start? _____	

*THIS INFORMATION IS ENTIRELY VOLUNTARY. NOT A REQUIREMENT FOR EMPLOYMENT.

Date of Birth _____	Race: Circle One White African American Spanish Other	Male _____ Female _____	Height _____ Weight _____	Number in Family _____
Mo. Day Yr.				

EDUCATION	GRADUATE		NAME OF SCHOOL/INSTITUTION AND LOCATION	MAJOR COURSES TAKEN
	YES	NO		
HIGH SCHOOL				
GED				
TECHNICAL COLLEGE; INSTITUTE				
COLLEGE UNIVERSITY				

What other special training or education have you had including Alabama Industrial Development Training Institute sponsored programs?

EMPLOYMENT HISTORY	LAST OR CURRENT JOB HELD	SECOND TO LAST JOB HELD	THIRD TO LAST JOB HELD
DATES EMPLOYED	FROM - _____ TO - _____ mo / yr mo / yr	FROM - _____ TO - _____ mo / yr mo / yr	FROM - _____ TO - _____ mo / yr mo / yr
COMPANY & PHONE NO.			
ADDRESS/ LOCATION			
CURRENT OR ENDING HOURLY WAGE RATE			
JOB TITLE OR MAJOR JOB DUTY			
REASON FOR LEAVING			

TURN OVER

Are you employed now? Yes No May we contact your present employer? Yes No

Are you on a lay-off and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(Convictions will not necessarily disqualify applicant from employment.)

If Yes, please explain _____

REFERENCES

LIST THREE PEOPLE WHO ARE **NOT** RELATIVES OR FORMER EMPLOYERS

NAME	ADDRESS	OCCUPATION	PHONE NUMBER

Notify in Case of Emergency: _____
(Name) (Address) (Telephone Number)

Shelley Office Furniture & Printing has determined that the job for which you applying requires that an investigation be made about your credit history, personal character, and general reputation prior to your employment. This notice is given to you in compliance with Public Law 91-508, otherwise known as the Fair Credit Reporting Act, to inform you that routine inquiry may be made concerning your credit, character, general reputation, personal characteristics or mode of living, and we expect to receive a report thereon. Further information on the nature and scope of such report, if one is made, will be available to you upon your written request that we, or the reporting agency, provide you with a copy.

I HEREBY AUTHORIZE SHELLEY OFFICE FURNITURE & PRINTING TO ACQUIRE INFORMATION FROM THE SOURCES PROVIDED, AND OTHER APPLICABLE SOURCES DEEMED SUITABLE, CONCERNING MY CREDIT, CHARACTER, REPUTATION, AND MODE OF LIVING.

Applicants Signature: _____ Date: _____

SHELLEY OFFICE FURNITURE & PRINTING POLICY CONSENT / RELEASE FORM

I do hereby give my consent to Shelley Office Furniture & Printing to collect a urine, breath, hair, saliva and/or blood sample from me on this day, and I further give my consent to the Company to forward the sample(s) to the testing laboratory for its performance of appropriate tests thereon to identify the presence of drugs and/or alcohol. I further give the laboratory my permission to release the results of such tests to the Company's Medical Review Officer. I understand that the refusal to submit to testing or a positive test result will affect my initial or continued employment and result in disciplinary action as described in the Company's Drug and Alcohol Policy. I also understand that it is not the purpose of this test to identify any disability I may have.

I understand that this document in no way limits my right to terminate my employment or be terminated and that my employment is on at "at will" basis.

Applicants Signature: _____ Date: _____

Witness: _____ Date: _____

I certify that all answers included in this application are true and correct and I understand that any intentional falsification of information will lead to immediate dismissal from employment.

Applicants Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

DATE: _____

REMARKS: _____

NEATNESS: _____

ABILITY: _____

HIRED: YES NO POSITION: _____ DEPARTMENT: _____

SALARY / WAGE: _____ DATE REPORTING TO WORK: _____