

ARCTIC COLD STORAGE EMPLOYMENT APPLICATION

DRUG-FREE WORKPLACE All Employees are subject to drug and alcohol testing procedures permitted under federal law.

PERSONAL DATA

Name (Last, First, Middle)			Date:			
Street address	Apartment/Unit#	City	I	State	Zip Code	
Phone:	E-Mail Address:					
Position Applied for	Date Available:	Desi	red Salary: \$			
Are you 18 years or older? ()YES ()NO Have you ever worked for this company? ()YES ()NO						
Are you eligible to work in the United States? ()YES ()NO						
Do you have Friends or Relatives working for us? ()YES ()NO If so, Who?						
How were you referred to us? ()Walk-in ()Advertisement () Referral ()Other						
Do you have any Forklift Experience? () YES () NO What type? ()Manual Pallet Jack ()Electric Pallet Jack ()Sit down Forklift ()Stand up High Reach						
Desired Employment Status: ()Full-Time ()Part-time (min 20 hours per week) Availability: ()Anytime ()Days ()Evenings ()Nights ()Weekends						
Have you ever been discharged or have you resigned from a job because your employer indicated that it believed you were involved in an incident(s) relating to violence, threats of violence, possession of weapons, suspected theft, repeated harassment of employees, customers, or vendors, lewd behavior, possession of alcohol or illegal drugs, or being under the influence of alcohol or illegal drug usage at its workplace? ()No ()Yes - Please explain						
EDUCATION						
High School: Did you graduate? () YES () NO Deg	gree:					
Other: Did you graduate? () YES () NO De	_ City: gree:					
REFERENCES						
Please list three professional references						
Full Name:	Relationship:					
Company: Phone:()						
Full Name: Relationship:						
Company:	Phone:()				
Full Name:	Relationship:					
Company: Phone:()						

PREVIOUS EMPLOYMENT						
Company:		Phone:				
Address:	Supervisor:					
Job Title:	Starting Sala	ry: Ending Salary:				
Responsibilities:						
From:	_ To: Reason fo	r leaving:				
May we contact your previous supervisor for a reference? () YES () NO						
Company:		Phone:				
Address:		Supervisor:				
Job Title:	Starting Sala	ry: Ending Salary:				
Responsibilities:						
From:	_ To: Reason fo	r leaving:				
May we contact your previous supervisor for a reference? () YES () NO						
Company:		Phone:				
Address:		Supervisor:				
Job Title:	Starting Sala	ry: Ending Salary:				
Responsibilities:						
From:	_ To: Reason fo	r leaving:				
May we contact your previous supervisor for a reference? () YES () NO						
ADDITIONAL INFORMATION						
Use the space below to summarize any additional experience or skills that help qualify you for the position for which you are applying. You should exclude any activities that reflect personal characteristics protected by law (e.g., religion, race, disability, etc.)						
MILITARY SERVICE						
Branch:		From: To:				
Rank at Discharge:						

Disclaimer and Signature

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE PERSONAL OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU. FOR CERTAIN POSITIONS AT ARCTIC, APPLICANTS WILL BE ASKED TO CONSENT TO A CRIMINAL BACKGROUND CHECK. EMPLOYMENT DECISIONS MADE WITH RESPECT TO CRIMINAL BACKGROUND INFORMATION WILL BE BASED ON THE NATURE AND GRAVITY OF THE OFFENSE(S), THE TIME THAT HAS PASSED SINCE THE CONVICTION AND/OR COMPLETION OF THE SENTENCE, AND THE NATURE OF THE JOB HELD OR SOUGHT. I UNDERSTAND AND AGREE THAT IF HIRED. MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE. "IF AN APPLICANT IS HIRED, HE/SHE MAY BE REQUIRED TO SIGN A NON-SOLICITATION NON-COMPETE AGREEMENT AS A CONDITION OF EMPLOYMENT.

Signature ____

__ Date _____

Form Date 07/14