

ENSTROM CANDIES
APPLICATION FOR EMPLOYMENT
 (Application must be completed in full even if attaching a resume.)



POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL

PLEASE PRINT USING BALLPOINT PEN

FULL NAME	FIRST	MIDDLE	LAST	PHONE #
PRESENT ADDRESS	STREET	CITY	STATE	ZIP
				Email address
IF NO PHONE, HOW MAY WE CONTACT YOU?				
HAVE YOU EVER APPLIED WITH ENSTROM CANDIES BEFORE?				
[] YES [] NO				
IF YES, WHERE? APPROXIMATE DATE:MO/YR.				
HOW WERE YOU REFERRED:				

GENERAL INFORMATION

IF YOU ARE UNDER AGE 18, PLEASE STATE YOUR AGE:

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT, PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES?

[] YES [] NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC VIOLATION?

[] YES [] NO (You may omit any offense committed which was finally adjudicated in a juvenile court or under a Youth Offender Law.)

IF YES, PLEASE EXPLAIN:

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything which would interfere with your regular attendance and punctuality if you are offered a job with the company?

[] YES [] NO

IF YES, PLEASE EXPLAIN:

DESIRED WAGE: _____ DATE AVAILABLE FOR WORK? _____

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	No. of Years Attended	Did You Graduate?	Subjects Studied
High School				
College				
Trade, business or correspondence school				
Certification(s)				

EMPLOYMENT HISTORY

List below last three employers, starting with the most recent one first
MAY WE CONTACT YOUR CURRENT EMPLOYER [] YES [] NO

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	HOURLY RATE	POSITION	REASON FOR LEAVING
1 EMPLOYER				
From:				
To:				
	PHONE NUMBER:			
	SUPERVISOR:			
2 EMPLOYER				
From:				
To:				
	PHONE NUMBER:			
	SUPERVISOR:			
3 EMPLOYER				
From:				
To:				
	PHONE NUMBER:			
	SUPERVISOR:			

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

LIST ANY OTHER EXPERIENCE, SKILLS OR QUALIFICATIONS WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE INDICATE PRIOR MILITARY SERVICE YOU WOULD LIKE CONSIDERED.

IN WHAT COMPUTER SOFTWARE PROGRAMS ARE YOU **PROFICIENT**?

NOTIFICATION AND AGREEMENT

PLEASE READ BEFORE SIGNING

*** I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE AND COMPLETE, I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.**

* IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE OTHER THAN IT'S PRESIDENT, AND THEN ONLY IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY SPECIFIC AGREEMENT TO THE FOREGOING.

* I AUTHORIZE THE INVESTIGATION OF ALL STATEMENTS AND INFORMATION CONTAINED IN THIS APPLICATION. I RELEASE FROM ALL LIABILITY ANYONE SUPPLYING SUCH INFORMATION AND I ALSO RELEASE THE EMPLOYER FROM ALL LIABILITY THAT MIGHT RESULT FROM MAKING AN INVESTIGATION.

APPLICANT SIGNATURE _____ DATE _____