



EMPLOYMENT APPLICATION

- You are not required to furnish any information which is prohibited by federal, state or local law. Equal access to programs, services, and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.
- To qualify as an applicant, you must specify the exact job you are applying for in the "Position Information" section.
- This application must be filled out in its entirety. DO NOT write "See Resume," as we considered this an incomplete application and will not be further considered.
- Be sure to complete all four pages and sign the last page before submitting.
- This application will remain active for a minimum of 30 days.

CONTACT INFORMATION

Last Name:	First Name (Legal):	Middle Initial:	
Preferred Name:		Email Address:	
Street Address:	City:	State:	Zip Code:
Home Phone:		Cell Phone:	

GENERAL INFORMATION

Are you under 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a full-time student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally authorized for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If hired, will you be able to provide proof of legal eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever <input type="checkbox"/> been employed by, or <input type="checkbox"/> applied to Five Star Equipment? If "yes" list dates, position, and location:	
List the names/positions of individuals you know employed by this company:	

POSITION INFORMATION

Position applying for:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary
Hourly rate expected:	Date available for work:
Are you on a lay-off: <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you subject to recall: <input type="checkbox"/> Yes <input type="checkbox"/> No
Days of the week available for work: MON <input type="checkbox"/> TUES <input type="checkbox"/> WED <input type="checkbox"/> THURS <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>	
Are you willing to work: Scheduled shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No Rotating Shifts: <input type="checkbox"/> Yes <input type="checkbox"/> No Overtime: <input type="checkbox"/> Yes <input type="checkbox"/> No More than 5 days in a row: <input type="checkbox"/> Yes <input type="checkbox"/> No	
How were you made aware of this position?	
<input type="checkbox"/> Employee Referral (List Employee Name):	<input type="checkbox"/> Job Fair
<input type="checkbox"/> Internet (List Website):	<input type="checkbox"/> Newspaper
<input type="checkbox"/> State Employment Agency:	<input type="checkbox"/> Private Agency
<input type="checkbox"/> College Recruiting	<input type="checkbox"/> Other (List Source):

MILITARY SERVICE

(please answer if state law permits)

Branch of Service:	Rank Attained:
Dates of Service (Mo/Yr): From: _____ To: _____	Current Selective Service Status:
Duties:	



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EDUCATIONAL BACKGROUND					
Select the number of years completed below:					
High School: 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		Technical College/University: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>			
Name of School/Location	# of years attended	Did you graduate?	Major/Minor Course of Study	Degree Type	GPA (e.g. 3.4/4.0)
High School:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Technical College:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
University:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Other:		<input type="checkbox"/> Yes <input type="checkbox"/> No			
List academic awards/honors, scholarships, extra-curricular activities, offices held:					
List additional training you have received including company-sponsored courses/seminars:					

JOB SKILLS	
List the trade areas in which you have training/experience:	
List machines and equipment operated (both office and production):	
List specialized licenses and/or apprenticeship(s) in skilled crafts (specify craft):	
Where was the above completed:	
Was it state endorsed: <input type="checkbox"/> Yes <input type="checkbox"/> No	



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WORK EXPERIENCE

(Start with your present or most recent employer)

Employer:		Type of Business:	
City:	State:	Zip Code:	Phone Number:
Employment Dates: From: To:		Ending Job Title:	
Wage rate starting: \$ Wage rate ending: \$		Reason for leaving:	
Supervisor's Name & Job Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			

Employer:		Type of Business:	
City:	State:	Zip Code:	Phone Number:
Employment Dates: From: To:		Ending Job Title:	
Wage rate starting: \$ Ending: \$		Reason for leaving:	
Supervisor's Name & Job Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			

Employer:		Type of Business:	
City:	State:	Zip Code:	Phone Number:
Employment Dates: From: To:		Ending Job Title:	
Wage rate starting: \$ Ending: \$		Reason for leaving:	
Supervisor's Name & Job Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			

Employer:		Type of Business:	
City:	State:	Zip Code:	Phone Number:
Employment Dates: From: To:		Ending Job Title:	
Wage rate starting: \$ Ending: \$		Reason for leaving:	
Supervisor's Name & Job Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			

Employer:		Type of Business:	
City:	State:	Zip Code:	Phone Number:
Employment Dates: From: To:		Ending Job Title:	
Wage rate starting: \$ Ending: \$		Reason for leaving:	
Supervisor's Name & Job Title:		May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Job Duties:			



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OTHER EXPERIENCE

(Include volunteer experience, internships, and/or jobs while attending school.)

Company Name/Location	Job Title	Dates Employed (Month/Year)	Annual Salary	Full Time or Part-Time
		From: To:	\$	
		From: To:	\$	
		From: To:	\$	

REFERENCES

Please list the names of individuals we may contact under whom you have worked or studied.

Name	Professional Relationship	Company/Title	Phone Number <i>(Include Time Zone)</i>
			Work: Home:
			Work: Home:
			Work: Home:

EMPLOYMENT PARAMETERS

At-Will Employment	I understand that nothing contained in this application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. If I am employed, I understand that either the Company or I may terminate my employment at any time with or without cause.
Company Rules	If I am employed, I agree to abide by all the Company's rules, regulations and policies and to carefully preserve and protect all Company equipment and property and to return same to the Company when terminated.
Reference and Background Check	I hereby authorize the company to investigate all statements contained in this application for employment. I authorize all current and/or former employers I have indicated as ok to contact, listed references, schools, police departments, law enforcement agencies, financial institutions, Dept. of Motor Vehicles, Dept. of Homeland Security and other governmental agencies as the Company deems necessary, to supply information concerning my background. List all name changes since your date of birth:
Misrepresentations	I affirm that answers and information given herein are true and complete to the best of my knowledge. I agree that if any misrepresentation, falsification, or exclusion of job-related data has been made on this employment application, or at any time during the hiring process, it will be sufficient cause for immediate dismissal without any obligation or liability to me other than for payment of services actually rendered.
Drug Screen	I understand that an offer of employment will be contingent upon satisfactorily passing the Company required drug screen.

By my signature below, I affirm that I have read the statements listed above and agree to the terms and conditions herein. I certify that the information I provided in this application in original, faxed, photocopied or electronic (including electronically signed) form, is true, accurate and complete. This is not a valid application unless signed below.

Signature:

Date: