



This employment application will be held for consideration for 90 days after receipt.

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer / Chemical Testing Required

All qualified persons are welcome to submit applications for employment. Applicants will be selected solely on qualifications, without regard to age, sex, race, color, religion, national origin, disability or any other legally protected status required by law. **If you have a disability and need help to fill out this application form, or for any phase of the employment process, you may notify the person that gave you this form and reasonable effort will be made to accommodate your needs.**

NAME:	LAST	FIRST	M.I.	SOCIAL SECURITY NUMBER:	DATE:
ADDRESS:	STREET	CITY	STATE	ZIP	TELEPHONE:
POSITION APPLIED FOR:	LOCATION APPLIED AT:			ALTERNATE TELEPHONE:	
HAVE YOU APPLIED AT OTHER CHIEF LOCATIONS IN THE LAST YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE?					
ARE YOU AGE 18 OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		HAVE YOU EVER WORKED FOR CHIEF? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN?			
ARE YOU A U.S. CITIZEN OR DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE COUNTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO					Proof of citizenship or immigration status will be required upon employment
WILL YOU WORK? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SUMMER <input type="checkbox"/> DAY SHIFT <input type="checkbox"/> NIGHT SHIFT (CHECK ALL THAT APPLY) <input type="checkbox"/> OVERTIME <input type="checkbox"/> WEEKENDS <input type="checkbox"/> OTHER _____					
IF THE JOB REQUIRES IT, DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO (DL# _____ STATE _____)					
HAVE YOU EVER BEEN CONVICTED OF A FELONY? <input type="checkbox"/> YES <input type="checkbox"/> NO (CONVICTION WILL NOT NECESSARILY DISQUALIFY AN APPLICANT FROM EMPLOYMENT)					
IF YES, EXPLAIN INCIDENT/CHARGE				CITY/STATE OF CONVICTION	
LIST RELATIVES OR FRIENDS EMPLOYED BY CHIEF:					

EDUCATION – CIRCLE HIGHEST GRADE COMPLETED 7 8 9 10 11 12 13 14 15 16 16+

SCHOOL & ADDRESS	# OF YEARS ATTENDED	GRADUATED		AVERAGE GRADE	COURSE OF STUDY OR DEGREE
		YES	NO		
HIGH SCHOOL					
COLLEGE					
OTHER TRAINING (SPECIFY)					
SUMMARIZE YOUR JOB RELATED SKILLS, i.e. Certifications, Typing Speed, Operation of Shop or Office Equipment, etc.					

REFERENCES – LIST PEOPLE WHO KNOW YOU AND YOUR WORK. DO NOT LIST RELATIVES OR PREVIOUS EMPLOYERS.

NAME	ADDRESS/TELEPHONE #	OCCUPATION	YEARS KNOWN
1.			
2.			

EXPERIENCE – List your previous employers and experience beginning with the most recent employer.

COMPANY NAME:	FROM: MO/YR	TO: MO/YR	JOB TITLE:	REASON FOR LEAVING:
TELEPHONE:			JOB DUTIES:(IN DETAIL)	
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
NAME OF SUPERVISOR:	Last Wage:			

COMPANY NAME:	FROM: MO/YR	TO: MO/YR	JOB TITLE:	REASON FOR LEAVING:
TELEPHONE:			JOB DUTIES:(IN DETAIL)	
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
NAME OF SUPERVISOR:	Last Wage:			

COMPANY NAME:	FROM: MO/YR	TO: MO/YR	JOB TITLE:	REASON FOR LEAVING:
TELEPHONE:			JOB DUTIES:(IN DETAIL)	
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
NAME OF SUPERVISOR:	Last Wage:			

COMPANY NAME:	FROM: MO/YR	TO: MO/YR	JOB TITLE:	REASON FOR LEAVING:
TELEPHONE:			JOB DUTIES:(IN DETAIL)	
ADDRESS:				
CITY:	STATE:	ZIP CODE:		
NAME OF SUPERVISOR:	Last Wage:			

MAY WE CONTACT YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REASON FOR APPLYING AT CHIEF:	
IF EMPLOYED, WHEN COULD YOU REPORT FOR WORK?	STARTING RATE EXPECTED?

PLEASE READ AND SIGN BELOW – In exchange for consideration of my employment by Chief Industries, Inc.,:

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| <p>1) I certify that all answers contained in this application are true and correct to the best of my knowledge, and I understand that any false statements or willful omissions may be cause for rejection of my application or, if employed, amount to sufficient grounds for dismissal without further notice.</p> <p>2) I agree that all former employers, schools, and/or references may furnish Chief with all information regarding record of my service, education, character, and reason for leaving. I release all former employers, schools, and references from all liability for providing such information.</p> <p>3) I understand and agree that Chief may make an investigation of my personal history, financial and credit record through any bureau or agency. I have the right to make written request within a reasonable time period to receive complete information about the nature and scope of this investigation.</p> <p>4) I understand and agree that I may be required to maintain a valid driver's license. Further, I grant Chief the right to investigate my motor vehicle driving record at any time.</p> | <p>5) I agree to submit to a physical examination and/or drug screen, either following a conditional job offer, or thereafter, as requested by Chief, and understand my initial and continued employment is contingent upon my meeting such medical standards as the company may then have in effect.</p> <p>6) I AGREE TO CONFORM TO THE RULES AND REGULATIONS OF CHIEF INDUSTRIES, INC., AND IF EMPLOYED, MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO MANAGER OR REPRESENTATIVE OF CHIEF, OTHER THAN THE CHIEF EXECUTIVE OFFICER, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING.</p> |
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APPLICANT'S SIGNATURE

DATE

INTERVIEWED BY	DIV. NO.	DEPT. NO.	SHIFT	RATE	START DATE	TEMP PT	EMPLOYEE NO.
						REG FT	