



APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, gender, age, national origin, citizenship, veteran status, disability, sexual orientation or any other protected characteristic.

PLEASE PRINT

Last Name	First	Middle	Date
Street Address			Home Telephone
City, State, Zip			Other Contact Telephone
Position applied for:			Email address
Have you previously applied for a position with the Company? If yes, when? Yes <input type="checkbox"/> No <input type="checkbox"/>			Are you over 18 years old?
Have you ever been employed by the Company? If yes, when? Yes <input type="checkbox"/> No <input type="checkbox"/>			When will you be able to begin work?
Are you legally eligible for employment in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Are you related to anyone currently working for the Company? If yes, please list name and relationship: Yes <input type="checkbox"/> No <input type="checkbox"/>			

Are you able to perform all of the essential duties of the job for which you are applying, with or without, reasonable accommodation? Yes No

Have you ever been convicted of a crime (other than a minor traffic violation) within the last seven years? Yes <input type="checkbox"/> No <input type="checkbox"/> **Note: Answering "yes" to this question will not disqualify you from employment	
If yes, describe in full, including date(s): _____	

In case of accident or emergency, please notify:

Name	Address	Home Phone _____
		Work Phone _____

How did you hear about our Company (Referral Source)? Associate _____ Website Career Builder Monster Zip Recruiter Social Media News Paper Other

SKILLS

If you are an experienced operator of any plant or office machines/equipment, please list: _____

Do you have a Commercial Drivers License (CDL)? Yes No If yes, what class? _____

Do you have a forklift license? Yes No

MILITARY SERVICE

Branch: _____ From: _____ To: _____ Rank: _____

EDUCATION

	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree or Diploma Received
High School					
College					
Graduate School					

List scholastic achievements, organizations, & internships: _____

REFERENCES

Please provide the names, addresses, and telephone numbers of two persons **not related to you** who can provide information about your suitability for a position here:

Name	Title (If applicable)	Address	Telephone No.	Time known

In applying for employment, it is understood that we reserve the privilege of contacting past employers regarding references.
 Are you currently employed? Yes No May we contact your present employer? Yes No

PAST EMPLOYMENT

Please start with your present or most recent employer.

Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Compensation (wages) Start Finish
State Job Title & describe your work	Reason for leaving
Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Compensation (wages) Start Finish
State Job Title & describe your work	Reason for leaving
Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Compensation (wages) Start Finish
State Job Title & describe your work	Reason for leaving
Company Name	Telephone
Address	Employed (State month & year) From To
Name of Supervisor	Compensation (wages) Start Finish
State Job Title & describe your work	Reason for leaving

Please Read Carefully Before Signing

I certify that the information given in this application is true and recognize that my future employment is subject to termination without notice should any of the statements be found false or inaccurate. I understand that, if hired, my employment is at-will for no definite period and may be terminated at any time without prior notice. I recognize and agree that my reliance on any statements by supervisory and/or management personnel contrary to this at-will relationship is unreasonable. I understand that my at-will status can only be modified in writing signed by me and the CEO of the Company*.

I acknowledge and agree that I will be subject to testing for the use and/or abuse of drugs and/or alcohol in association with this application and throughout the course of my employment with the Company*. By my signature below, I authorize all medical and other health care providers to disclose the results of such tests to the Company and hereby release all parties from any liability to such disclosures.

I understand that an investigative report may be made and hereby agree to authorize all persons, schools, companies, consumer reporting agencies and other organizations to supply any accurate information concerning my background. I authorize investigation of all statements contained herein and the references listed to give you any and all information concerning my previous employment and any pertinent information they may have and release all parties from liability for any damage that may result from furnishing same to you. I further realize that I may, within reasonable time, request information concerning the nature and scope of this report.

Signature of Applicant

Date

* Style Crest, Inc., Style Crest Transport, Inc. and Durham Supply, Inc. are subsidiaries of Style Crest Enterprises, Inc.

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY

Co./Dept. _____

Full Time Part Time

Job Title _____

Scheduled Work Days _____

Rate _____

Scheduled Work Hours _____

Start Date _____

Hired By/Supervisor _____

Revised 10/17