

City Ice Company

APPLICATION FOR EMPLOYMENT (PLEASE PRINT)

POSITION APPLYING FOR _____ DATE ____/____/____

HOW DID YOU LEARN ABOUT US? _____

LAST NAME FIRST NAME MIDDLE NAME

ADDRESS CITY STATE ZIPCODE

TELEPHONE NUMBER (HOME) CELL SOCIAL SECURITY NUMBER

NAME OF NEAREST LIVING RELATIVE _____

ADDRESS CITY STATE ZIPCODE

TELEPHONE NUMBER RELATION TO YOU

DO YOU HAVE A VALID VIRGINIA'S DRIVER'S LICENCE? _____

IF UNDER THE AGE OF 18, CAN YOU PROVIDE PROOF OR YOUR ELIGIBILITY TO WORK? _____

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE? _____ IF YES, Date? _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE? _____ IF YES, GIVE DATES _____

ARE YOU CURRENTLY EMPLOYED? _____ MAY WE CONTACT YOUR EMPLOYER? _____

ON WHAT DATE WOULD YOU BE AVAILABLE FOR WORK? _____

ARE YOU ABLE TO WORK _____ FULL TIME _____ PART TIME _____ EVENINGS _____ WEEKENDS

WILL YOU BE WILLING TO WORK OVERTIME? _____

AT WHAT RATE OF PAY WOULD YOU EXPECT TO START AT? _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY WITH IN THE LAST SEVEN YEARS? _____

Convictions will not necessarily disqualify an applicant from employment

IF YES, PLEASE EXPLAIN _____

WORK HISTORY

START WITH YOUR PRESENT OR LAST JOB. INCLUDE ANY JOB-RELATED MILITARY SERVICE ASSIGNMENTS AND VOLUNTEER ACTIVITIES. YOU MAY EXCLUDE ORGANIZATIONS WHICH INDICATE RACE, COLOR, RELIGION, NATIONAL ORIGIN, DISSABILITIES OR OTHER PROTECTED STATUS.

_____ Employer	Dates employed	Work Performed
_____ Address	_____ From TO	_____
_____ Telephone number(s)	_____	_____
_____ Job Title Supervisor	Hourly Rate	_____
_____ Reason for leaving	_____ Starting Final	_____

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_____ Address	_____ From To	_____
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_____ Reason for leaving	_____ Starting Final	_____

EDUCATION

<u>NAME AND ADDRESS</u>	<u>COURSE OF STUDY</u>	<u>YEARS COMPLETED</u>	<u>DIPLOMA/DEGREE</u>
ELEMENTARY SCHOOL			
HIGH SCHOOL			
BUSINESS OR TRADE COLLEGE			
GRADUATE			

OTHER QULIFICATIONS

SUMMERIZE SPECIAL JOB-RELATED SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER EXPERENCES.

STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.

APPLICANT'S STATEMENT

I CERTIFY THAT THE ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWELEDGE.

I AUTHORIZE **CITY ICE COMPANY** TO INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION FOR EMPLOYMENT AS MAY BE NECESSARY IN ARRIVING AT AN EMPLOYMENT DECISION.

THIS APPLICATION FOR EMPLOYMENT SHALL BE CONSIDERED ACTIVE FOR A PERIOD OF TIME NOT TO EXCEED 30 DAYS. ANY APPLICANT WISHING TO BE CONSIDERED FOR EMPLOYMENT BEYOND THIS TIME PERIOD SHOULD INQUIRE AS TO WHETHER OR NOT THE APPLICATIONS ARE BEING ACCEPTED AT THAT TIME.

I HEARBY UNDERSTAND AND ACKNOWLEDGE THAT, UNLESS OTHERWISE DEFINED BY APPLICABLE LAW, ANY EMPLOYMENT RELATIONSHIP WITH THIS ORGANIZATION IS OF AN *"AT WILL" NATURE*, WHICH MEANS THAT THE EMPLOYEE MAY RESIGN AT ANYTIME AND THE EMPLOYER MAY DISCHARGE THE EMPLOYEE AT ANY TIME WITH OR WITHOUT CAUSE. IT IS FURTHER UNDERSTOOD THAT THIS *"AT WILL"* EMPLOYMENT RELATIONSHIP MAY NOT BE CHANGED BY ANY WRITTEN DOCUMENT OR BY CONDUCT UNLESS SUCH CHANGE IS SPECIFICALLY ACKNOWLEDGED IN WRITING BY AN AUTHORIZED EXECUTIVE OF THIS ORGANIZATION.

IN THE EVENT OF EMPLOYMENT, I UNDERSTAND THAT FALSE AND MISLEADING INFORMATION GIVEN IN MY APPLICATION OR INTERVIEW(S) MAY RESULT IN DISCHARGE. I UNDERSTAND, ALSO, THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

SHOULD I BE HIRED, I UNDERSTAND THAT I WILL BE SUBJECT TO RANDOM DRUG AND ALCOHOL TESTING. I WILL ALSO BE SUBJECT TO A DRUG AND ALCOHOL TEST FOLLOWING ANY ACCIDENT WHICH MAY OCCUR IN WHICH I AM INVOLVED.

SIGNATURE OF APPLICANT

DATE

PRINT NAME