



Application for Plant Employment

Date _____

Personal

Name _____
Last First Middle

Phone _____ Social Security No _____

Address _____ How long? _____
No. Street City State Zip

Have you worked under any other name? Yes ___ No ___ If "Yes", what name? _____

Have you any friends in our employment? Yes ___ No ___

Their names _____

Previously employed here? From _____ To _____ Dept. _____

Job Interest

Position Desired _____ Salary Expected _____

2nd Choice _____ Salary Expected _____

What other work are you qualified for? _____

When are you available to start work? _____

U.S. Military

Branch of Service _____ Date Entered _____ Date Discharged _____

Final Rank _____ Service No _____

Service Schools Attended _____

Major Duties _____

Reserve or National Guard Status _____

Education

Circle highest grade completed in school.

Grade School

High School

College

1 2 3 4 5 6 7 8

1 2 3 4

1 2 3 4

	Name	Location	Year Left School	Graduate
Grade School				
High School				
College				
Vocational/Trade				

Work Experience

Name of present or last employer _____ May we contact? _____

Address _____

Kind of business _____

Job title _____

Name of supervisor _____ Supervisor's title _____

Starting date: Month _____ Day _____ Year _____ Leaving date: Month _____ Day _____ Year _____

Starting Pay _____ Final Pay _____

Reason for leaving (be specific) _____

Description of work and responsibilities (be specific) _____

Name of present or last employer _____ May we contact? _____

Address _____

Kind of business _____

Job title _____

Name of Supervisor _____ Supervisor's title _____

Starting date: Month _____ Day _____ Year _____ Leaving date: Month _____ Day _____ Year _____

Starting Pay _____ Final Pay _____

Reason for leaving (be specific) _____

Description of work and responsibilities (be specific) _____

Name of present or last employer _____ May we contact? _____

Address _____

Kind of business _____

Job title _____

Name of Supervisor _____ Supervisor's title _____

Starting date: Month _____ Day _____ Year _____ Leaving date: Month _____ Day _____ Year _____

Starting Pay _____ Final Pay _____

Reason for leaving (be specific) _____

Description of work and responsibilities (be specific) _____

Additional Work Experience

(Cover any period not covered - include temporary and part-time employment)

Name of Company	Dates of Employment		Job Duties
	From	To	

Positions are filled solely on the basis of the qualifications required for the job that is open, without regard to race, color, sex, religion, age, national origin or disability.

The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40, but less than 65 years of age.

Agreement

I authorize investigation of all statements contained in this application.

I hereby affirm that my answers to the following questions are true and correct and I understand that misrepresentation or omission of facts called for in this application is cause for my termination from the company's service without notice at any time during my employment.

I agree to submit to a pre-placement physical examination and drug test, after conditional acceptance of the position, at company expense, with the understanding that this is to become a permanent part of my record of employment.

I agree to submit to a drug test under the Lincoln Industrial Drug and Alcohol Policy.

I agree that the company may check Police Records in St. Louis and elsewhere.

I agree, if employed, to follow all rules and regulations of the company including the wearing of protective clothing and equipment such as uniforms, safety goggles, hair nets, safety shoes, gloves and helmets, and to refrain from wearing all jewelry when required. Property designated company employees may search my person or property on the company premises when necessary.

I agree to promptly notify the company of any change of address during my employment.

Signature _____ Date _____

Do Not Write In This Space - (For Office Use Only)

Starting Date _____

Starting Rate _____

Occupation _____

Department _____

Shift _____

Clock No. _____



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