

Job Application

It is our policy to recruit and hire without regard to race, color, religion, sex, national origin, age, handicap or status as a disabled veteran.

You may e-mail your resume to jobs@auburnsupply.com or fill out the entire form below.

Date: _____

Position applied for: _____

PERSONAL INFORMATION

Full Name	FIRST, MIDDLE, LAST	SOCIAL SECURITY NO. - -
Present Address	STREET CITY STATE ZIP	HOME TELEPHONE NO. ()
		MESSAGE TELEPHONE NO. OR E-MAIL ADDRESS

GENERAL INFORMATION

ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT.) IF YES, <u>PLEASE EXPLAIN</u>

EMPLOYMENT HISTORY – MUST BE COMPLETED EVEN IF RESUME IS PROVIDED

BEGIN WITH YOUR MOST RECENT EMPLOYMENT

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE:	DESCRIBE YOUR JOB DUTIES
		MO	YR			
NAME OF COMPANY		/		\$		
ADDRESS		TO		ENDING SALARAY	NAME & TITLE OF IMMEDIATE SUPERVISOR:	
		MO	YR			
CITY, STATE, ZIP		/		\$		
PHONE NUMBER () -		MAY WE CONTACT EMPLOYER?			REASON FOR LEAVING:	
TYPE OF BUSINESS		[] YES [] NO				

2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE:	DESCRIBE YOUR JOB DUTIES
		MO	YR			
NAME OF COMPANY		/		\$		
ADDRESS		TO		ENDING SALARAY	NAME & TITLE OF IMMEDIATE SUPERVISOR	
		MO	YR			
CITY, STATE, ZIP		/		\$		
PHONE NUMBER () -		MAY WE CONTACT EMPLOYER?			REASON FOR LEAVING:	
TYPE OF BUSINESS		[] YES [] NO				

EDUCATION

TYPE OF SCHOOL	NAME & ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	[] YES [] NO	
COLLEGE			1 2 3 4	[] YES [] NO	
GRADUATE SCHOOL			1 2 3 4	[] YES [] NO	
BUSINESS / TRADE / OTHER			1 2 3 4	[] YES [] NO	

ADDITIONAL INFORMATION

PLEASE LIST ANY OTHER EXPERIENCE, SKILLS OR OTHER QUALIFICATIONS INCLUDING HOBBIES, WHICH YOU BELIEVE SHOULD BE CONSIDERED IN EVALUATING YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE INDICATE ANY PRIOR MILITARY SERVICE WHICH YOU WOULD LIKE CONSIDERED IN CONNECTION WITH YOUR APPLICATION FOR EMPLOYMENT.

CERTIFICATIONS

- CDL – Class: _____
- FORKLIFT
- OTHER – Explain _____

ANYTHING ADDITIONAL:

Auburn Supply Notification and Agreement
Please Read

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ARE TRUE, ACCURATE, AND COMPLETE, I UNDERSTAND THAT FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

Please type in your name for agreement of the above statement.

Name: _____

Date: _____