



HR 1.6 Application for Employment

Merrick complies with Local, State, and Federal Equal Opportunity guidelines which prohibits discrimination based on race, sex, color, national origin, religion, disability, disabled veteran status, handicap, age or marital status. Please complete all sections of this application fully and truthfully, failure to do so may delay consideration for employment or result in loss of employment opportunities. If an item does not apply to you, write N/A (not applicable). Employment is conditional to a background and drug screen clearance. **PLEASE TYPE OR PRINT IN BLACK INK.**

Position Applied for: _____ Date of Application: _____

Who Referred you, how did you hear about us? _____

PERSONAL INFORMATION

Last Name: _____ First Name: _____ Middle Name: _____

Street Address: _____ Apt/Unit #: _____ City: _____ State: _____ Zip: _____

Telephone _____ 2nd Telephone _____ Social Security _____ Email Address _____

GENERAL INFORMATION

Date available for work: _____ Full Time Part-Time Days Afternoons Eves
 Week Days Week Ends Only Any

Specific availability:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From - to						
-	-	-	-	-	-	-

Are you able to perform the essential functions of the position for which you are applying, either with or without reasonable accommodations? Yes No

Have you ever applied or worked here before? If yes, when? _____ Reason for leaving: _____ Yes No

Do you have any relatives working for Merrick? If yes, who? _____ Yes No

Do you speak English? Yes No

Other languages: 1. _____ 2. _____ 3. _____

Are you eligible to work in the U.S.? Yes No

Are you 18 years or older? Yes No

Have you ever been convicted of a crime other than a traffic violation? Yes No

If yes, please explain: _____

EDUCATION

Circle highest level completed

1 2 3 4 5 6 7 8 9 10 11 12

GED

College 1 2 3 4

Graduate School 1 2 3 4

School	Location	Attended To	Attended From	Grad. Date	Degree Received	Major	Minor
High School or GED							
College/University							
Other							

List specific courses, workshops, training or rotations you have had that are related to the position for which you are applying.

SKILLS

Check the following skills, experiences you have.

- Commercial Driver's License
 Adding Machine/Calculator
 Computer Hardware/Programming
 Typing _____ w.p.m.
 Data Entry
 Forklift License Expiration Date: _____

List any machineries or equipment that you can operate that is related to the job for which you are applying.

List fields of work for which you have been registered, licensed, or certified.

Registration: _____ State: _____ No.: _____ Exp. Date: _____
 Registration: _____ State: _____ No.: _____ Exp. Date: _____

Has this License or Registration EVER been suspended, revoked or on probation? Yes No

If yes, When? _____ Please explain: _____

PROFESSIONAL REFERENCES

List individuals familiar with your capabilities. Do not list relatives or supervisors previously noted under your employment.

Name	Company	Telephone Number	Years Known
		() -	
		() -	
		() -	

EMPLOYMENT

List names of employers beginning with your present employer. Account for all periods of time including military services and any periods of unemployment. If self-employed, give firm name and supply business references. Please include month and year. You must have some work experience.

1. Employer:		Address:		Telephone No.:
				() -
Job Title:	Name and Title of Supervisor:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed:	Starting Salary:	Ending Salary:	Reason For Leaving:	
/ /	\$ per	\$ per		
Date Separated:	Job Duties:			
/ /				
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time- hours per wk: ____				
2. Employer:		Address:		Telephone No.:
				() -
Job Title:	Name and Title of Supervisor:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed:	Starting Salary:	Ending Salary:	Reason For Leaving:	
/ /	\$ per	\$ per		
Date Separated:	Job Duties:			
/ /				
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time- hours per wk: ____				
3. Employer:		Address:		Telephone No.:
				() -
Job Title:	Name and Title of Supervisor:		May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date Employed:	Starting Salary:	Ending Salary:	Reason For Leaving:	
/ /	\$ per	\$ per		
Date Separated:	Job Duties:			
/ /				
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-time- hours per wk: ____				

Please Identify and explain all periods of unemployment during the last five years:

From	To	Reason for Unemployment

Please be advice that we may also obtain a reference check for your employment purposes. The reference check, also referred to as an investigative consumer report, may include information about your character, general reputation, and mode of living, which ever are applicable.

Please read each statement carefully before signing.

I certify that all information provided in this employment application is true and completed. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that Merrick may request an investigative background check from an authorized reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, school and others. I understand that I have a right to make a written request within a reasonable time for the disclosure of the name and address of the background reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained within this application. I also authorize, whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand that I shall be required to successfully pass a drug screening examination. I hereby consent to a pre-employment drug screen as a condition of employment with Merrick.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any definite period of time. If employed, I understand that I have been hired at the will of Merrick and my employment may be terminated at any time, with or without cause and with or without notice.

I have read the foregoing and understand it, and by my signature consent to these conditions and statements.

Applicant Signature

Applicant Name

Date