

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer. Race, color, religion, sex, national origin, or any other basis protected by statute are not factors in employment, promotion, or compensation.

PERSONAL INFORMATION

Name (First) (Middle) (Last) _____	Home Telephone Number: _____
Home Address (Street) (City) (State) (Zip) _____	Business/Msg Phone Number _____
Are you authorized to work in the U.S. on an unrestricted basis? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you over the age 18? Yes <input type="checkbox"/> No <input type="checkbox"/> Have you ever been convicted of a felony? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____ _____ _____	Social Security Number _____
	Who referred you to us? Agency <input type="checkbox"/> Employee <input type="checkbox"/> Ad <input type="checkbox"/> Other _____ _____ _____

EMPLOYMENT DESIRED

Have you applied for employment here before? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ Where? _____	Date you can start _____
Have you ever been employed here before? Yes <input type="checkbox"/> No <input type="checkbox"/> When? _____ Where? _____	Starting Salary Desired _____
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, may we contact your employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Position Desired _____
Are you currently on layoff/leave from Another company? Yes <input type="checkbox"/> No <input type="checkbox"/>	LIST APPLICABLE SKILLS _____ _____ _____ _____ _____ _____
Are you willing to travel? If so, % of the time _____ % Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you willing to relocate? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you available to work full time? Yes <input type="checkbox"/> No <input type="checkbox"/>	

EDUCATION

Name of School	Location(City/State)	Main Course of Study	Grade Average	Degree (If Graduated)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Scholastic Achievements _____

Are you planning to pursue other studies? Yes <input type="checkbox"/> No <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> If so, where and what courses? _____	Stor-All Group 253 Womstead Dr Grayson, KY 41143
--	---

Employment History

(List employment for the past 10 years starting with the present job. Include military experience. If you need additional space, please attach a separate sheet.)

<p>Company Name _____</p> <p>Street Address _____</p> <p>City & State _____</p> <p>Job Title _____</p>	<p>Telephone _____</p> <p>Specific Duties: _____ _____ _____ _____</p> <p>Reason for Leaving: _____ _____</p>
<p>Company Name _____</p> <p>Street Address _____</p> <p>City & State _____</p> <p>Job Title _____</p>	<p>Telephone _____</p> <p>Specific Duties: _____ _____ _____ _____</p> <p>Reason for Leaving: _____ _____</p>
<p>Company Name _____</p> <p>Street Address _____</p> <p>City & State _____</p> <p>Job Title _____</p>	<p>Telephone _____</p> <p>Specific Duties: _____ _____ _____ _____</p> <p>Reason for Leaving: _____ _____</p>
<p>Company Name _____</p> <p>Street Address _____</p> <p>City & State _____</p> <p>Job Title _____</p>	<p>Telephone _____</p> <p>Specific Duties: _____ _____ _____ _____</p> <p>Reason for Leaving: _____ _____</p>

Name:	Address:	Business	Years Acquainted
1.			
2.			

PLEASE READ BEFORE SIGNING

I certify that all statements made by me on this application are true and complete to the best of my

**REFERENCES: List 2 people not related to you who have known you at least
1 year**

knowledge and that I have withheld nothing which, if disclosed, would contradict the facts disclosed on this application.

I authorize my previous employers schools or persons named as references to give any information regarding employment or educational record. I agree that this company should not be held liable in any respect if a job offer is not extended, is withdrawn, or my employment is terminated because of false statements, omissions, or answers made by me on this application. If I am employed with this company, I

EMERGENCY: In case of emergency, please notify:

Name: _____ Phone Number: _____

Address: _____

EMPLOYEE LIMITATIONS

Can you perform the essential functions of the job with or without reasonable accommodations?

Yes No

will comply with all rules and regulations as set forth in any communication distributed to employees.

In compliance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States on my first day of employment. I am in receipt of a list of approved documents which have been supplied with this application.

I further understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages or salary, be terminated for any reason and at any time without previous notice by me or the company.

Signature: _____ Date: _____