

# Application for Employment Marshall's Industrial Hardware LLC

You may use a resume to supplement this application. If so, please fill in all requested information not included in your resume.

Position applied for: \_\_\_\_\_

Minimum hourly wage expected: \$ \_\_\_\_\_

## **Personal Data**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Can you submit verification of your legal right to work in the U.S.?

YES \_\_\_\_\_ NO \_\_\_\_\_

In case of emergency, please give us the name, address, & phone number of person to be notified.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Is there anything which would prevent you from:

Working Consistently: YES \_\_\_\_\_ NO \_\_\_\_\_

Working Overtime: YES \_\_\_\_\_ NO \_\_\_\_\_

Traveling: YES \_\_\_\_\_ NO \_\_\_\_\_

If yes to any of the above, explain:

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Do you have reliable transportation to and from work? Please describe:

\_\_\_\_\_

Have you ever been convicted of a felony? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, explain: \_\_\_\_\_

(NOTE: Conviction will not necessarily disqualify you)

Do you have any type of prior injury that restricts your ability to climb a ladder or step stool, squat or lift up to 25 pounds? Do you have any type of medical condition (for example, do you suffer dizzy spells, or experience lightheadedness) that would restrict your ability or endanger your health to engage in any of the above activities?

If yes, explain:

\_\_\_\_\_

\_\_\_\_\_

(NOTE: A prior injury or medical condition will not disqualify you from employment. This information will be used to see that you are appropriately placed in a work position, consistent with your abilities and/or limitations).

**U.S. Military Service**

Service Branch \_\_\_\_\_ Initial Rank \_\_\_\_\_ Final Rank \_\_\_\_\_

Special training received: \_\_\_\_\_

**Skills** (Please check the skills you have)

Typing: w.p.m. \_\_\_\_\_  
Calculator: Sight \_\_\_\_\_ Touch \_\_\_\_\_  
Bookkeeping: A/P \_\_\_\_\_ A/R \_\_\_\_\_ P&L \_\_\_\_\_ Posting \_\_\_\_\_

**Educational Record**

| School Attended | Name  | City/State | Grade Completed |
|-----------------|-------|------------|-----------------|
| High School     | _____ | _____      | _____           |
| Jr. College     | _____ | _____      | _____           |
| College/Univ.   | _____ | _____      | _____           |
| Grad. School    | _____ | _____      | _____           |
| Trade School    | _____ | _____      | _____           |

Adult education or special training:  
\_\_\_\_\_

**Employment Record**

Other names(s) under which employment may be verified: \_\_\_\_\_

List all jobs, U.S. military service, and self-employment in the United States. Begin with the most recent:

1. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_

2. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_
3. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_
4. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_

5. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_
6. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_
7. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_

8. Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_  
Dates of employment (month & year) From \_\_\_\_\_ To \_\_\_\_\_  
Base rate of pay \$ \_\_\_\_\_  
Type of work performed \_\_\_\_\_  
Name & title of supervisor \_\_\_\_\_  
Specific reason for leaving \_\_\_\_\_

I understand that any omission or misrepresentation of material fact in this application may result in refusal or separation from employment. I have no objection to making application for security clearance, if necessary, signing an employee agreement on confidential information and inventions, or taking a physical examination.

I hereby authorize the company to make any investigation of my background deemed necessary. I understand that my prior employers, educational institutions, credit reporting agencies and other references listed on the application are authorized to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all persons or entities from all liability for any damage that may result from the Company's reliance on the information furnished in connection with any background investigation that is conducted. I understand I have the right to make a written request, within a reasonable time, for a complete and accurate disclosure of information about the nature and scope of such inquiry.

In consideration for my employment, I agree to conform to the rules and regulations of the Company. I further agree that my employment with the Company is "at-will." Employment and compensation may be terminated with or without cause or notice at any time, at the option of either myself or the Company, unless otherwise provided by express written agreement executed by me and the President of the Company or his/her designated representative. Such "at-will" relationship will remain in effect throughout my employment with the Company, unless it is specifically modified by an express written agreement executed by myself and the President of the Company. This "at-will" employment relationship may not be modified by any oral or implied agreement, is intended to apply to the entire employment relationship between me and the Company and supersedes any prior employment agreement between me and the Company.

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date of Signature)

\_\_\_\_\_  
(Print Name)