

# ***The Tool Shed***

## **APPLICATION FOR EMPLOYMENT**

**Name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Position(s) Desired:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*ALL APPLICATIONS ARE ACTIVE FOR 60 DAYS*

**901 Poinsett Hwy  
Greenville SC 29609  
(864) 233- 6185 Fax (864) 271-6561**

## APPLICATION FOR EMPLOYMENT

DATE: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

Referred by: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

**INSTRUCTIONS:** Please read carefully. Every item on this form must be answered to the best of your ability. Please print and use a pen. Your qualifications will be carefully reviewed and you will be given thorough consideration for any suitable vacancy. Upon employment, this application will become part of your permanent record with This Employer. Keep this in mind as you complete it. **Special Note:** You are not required to supply any information that is prohibited by Federal, State, or Local law. We are an Equal Opportunity Employer. **This Employer does not discriminate on the basis of race, color, religion, sex, national origin, citizenship, age, marital status, or disability. You may request assistance in completing this application.**

### PERSONAL

Name \_\_\_\_\_ Telephone Number: ( ) \_\_\_\_\_

Street \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ Box \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Previous Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

If younger than 18, state age here \_\_\_\_\_ Are you legally entitled to work in the United States? ☐ yes ☐ no

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Answer these for all positions requiring the use of a vehicle:

Have you ever been convicted of a moving traffic violation? ☐ yes ☐ no If yes, list all here \_\_\_\_\_

Have your driving privileges ever been revoked or suspended? ☐ yes ☐ no If yes, list all here \_\_\_\_\_

Do you have a Commercial driving license? ☐ yes ☐ no

**\*\*Compliance with I-9 requirements is mandatory, upon employment**

### EDUCATION

High School (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, last grade completed \_\_\_\_\_ G.E.D. Obtained? \_\_\_\_\_ Grade Average \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Colleges (Name and Address) \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If no, number of hours completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_ Degree \_\_\_\_\_

Major \_\_\_\_\_ Minor \_\_\_\_\_ If attending, date of graduation \_\_\_\_\_

Other Education \_\_\_\_\_

Awards, Honors, Leadership Roles: \_\_\_\_\_

### MILITARY ☐ not applicable

List service in U.S. Military: From \_\_\_\_\_ to \_\_\_\_\_ Branch \_\_\_\_\_

Rank at Discharge \_\_\_\_\_ Military experience that may be applicable: \_\_\_\_\_

MOS: \_\_\_\_\_

### GENERAL EMPLOYMENT INFORMATION

1. List here all of the equipment with which you have experience and training. (Examples: copier, calculator, tools, word processor/computer, etc.) \_\_\_\_\_

2. Are you willing to relocate? \_\_\_\_\_ If yes, state location preferred \_\_\_\_\_

3. Salary Expected \_\_\_\_\_ hour \_\_\_\_\_ or week \_\_\_\_\_ Number of hours you are available per week? \_\_\_\_\_ ☐ No preference

4. Type of Employment sought: ☐ regular full time ☐ regular part time ☐ temporary ☐ seasonal ☐ as needed

5. What kind of work schedule suits you best?

Hours of Work: ☐ Day shift ☐ Evening shift ☐ Night shift

Which of the following are you available to work?

☐ week-ends

☐ split shift

☐ flexible part-time

☐ holidays

☐ overtime as needed

☐ 10 hr. / 4 day work week

6. Indicate hours you are available to work on the following days (or check Anytime, if you have no restrictions)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime	<input type="checkbox"/> Anytime

7. Which of the following applies to you?

☐ I have reliable transportation to and from work regardless of the work schedule assigned.

☐ I have reliable transportation to and from work for a specific work schedule only. List work schedule needed:

\_\_\_\_\_

8. Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? ☐ yes ☐ no ☐ don't know

• If no, indicate reason: ☐ need different hours ☐ need different days ☐ need more training

Other, (explain) \_\_\_\_\_

## EXPERIENCE

List below all present and past employment, beginning with your most recent employer

1. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_

...

2. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_

...

3. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_

...



4. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_

...

5. Employer \_\_\_\_\_ Starting Salary \_\_\_\_\_ per hour or week  
 Address \_\_\_\_\_ Last Salary \_\_\_\_\_ per hour or week  
 Kind of Business \_\_\_\_\_ Supervisor \_\_\_\_\_  
 Job Title \_\_\_\_\_ Reason for Leaving: ☐ Quit ☐ Discharge ☐ Retired  
 Dates Employed \_\_\_\_\_ to \_\_\_\_\_ ☐ Lay off Why? \_\_\_\_\_  
 For Job Reference, call \_\_\_\_\_ at \_\_\_\_\_  
☐ Please do not contact this employer. Why not? \_\_\_\_\_

In the following space, please describe briefly why you are applying for this position. Your comments here are a critical part of our screening process.

---

---

---

---

---

---

---

---

---

---

#### CONDITIONS OF EMPLOYMENT

- I. The facts as stated on this application are true and correct. I understand that, if employed, false statements on this application may cause my immediate dismissal.
- II. I authorize such background and personal reports as deemed necessary to verify that the information I have supplied is true and accurate and to determine my fitness for this job and hold harmless those who have the responsibility to develop such a report. A copy of this authorization is as valid as the original.
- III. I understand that I may be required to work overtime as a condition of being employed.
- IV. In consideration of my employment, I agree to conform to the rules and regulations for employees. I understand I am an employee at will, and that this application is not a contract of employment with This Employer and that my employment and compensation can be terminated, with or without cause, at anytime, at the option of either This Employer or me. I understand that no representative of This Employer has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and that no document, policy or practice of This Employer may change the foregoing unless it is expressly titled "Employment Agreement" and signed by both myself and an officer of This Employer.
- V. I understand that I may be required to submit to a pre-employment, and post-employment test for fitness and/or substance abuse, if not prohibited by law.
- VI. Upon separation of employment, I authorize This Employer to withhold from my final pay check any monies owed to them by me.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_