

Clean D.L.  
Yes / No  
Travel OK / NO  
Fear of heights Y / N

# APPLICATION FOR EMPLOYMENT

# \_\_\_\_\_

## RACKLEY COMPANY, INC.

3772 COUNTY RD 99W  
ORLAND, CA 95963-9785

### PERSONAL INFORMATION:

Today's Date: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_  
LAST FIRST MI MO. DAY YR.

PRESENT ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

DRIVERS LIC. NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXP: \_\_\_\_\_

PHONE NUMBER: ( ) \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_  
LAST FIRST MI

ADDRESS OF EMERGENCY CONTACT: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

NAME AND RELATIONSHIP OF ANY RELATIVES/FRIENDS EMPLOYED BY RACKLEY COMPANY  
REFERRED BY: \_\_\_\_\_

### EMPLOYMENT DESIRED:

POSITION: \_\_\_\_\_ DATE YOU CAN START: \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED? \_\_\_\_\_ MAY WE CONTACT YOUR EMPLOYER? \_\_\_\_\_

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE? \_\_\_\_\_ IF YES, WHEN? \_\_\_\_\_

### FORMER EMPLOYERS: LIST YOUR LAST 3 EMPLOYERS , STARTING WITH PRESENT OR MOST RECENT.

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM	NAME		
TO	ADDRESS		
FROM	NAME		
TO	ADDRESS		
FROM	NAME		
TO	ADDRESS		
FROM	NAME		
TO	ADDRESS		

**EDUCATION:**

SCHOOL	NAME AND LOCATION	DIPLOMA / GED		Remarks
HIGH SCHOOL		Yes	Year	
		No		
COLLEGE		Yes	Year	
		No		
OTHER		Yes	Year	
		No		

**SPECIAL TRAINING:**

**ACTIVITIES/HOBBIES: (CIVIC, ATHLETIC, ETC.)**

(EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, CREED, SEX, MARITAL STATUS, AGE, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.)

Are you able to lift 75 pounds? Yes / No "Explain"

**DRUG SCREENING PRACTICES**

Rackley Company requires pre-employment drug screens and additional screens per our company policy established in 1997.

Prospective Employee's Initials Indicate That You Understand Above Statement \_\_\_\_\_.

**REFERENCES:** GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	PHONE NUMBER	YEARS ACQUAINTED
1.			
2.			
3.			

IN CASE OF EMERGENCY, NOTIFY: \_\_\_\_\_  
NAME

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT AND PREVIOUS NOTICE.

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

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_