

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: _____