

BLOCKHOUSE CO., INC.

Federal Government E-Verify Participant

PERSONAL INFORMATION

DATE _____

NAME

LAST

FIRST

MIDDLE

ADDRESS

STREET

CITY

STATE

ZIP

PHONE NUMBER _____

IF RELATED TO ANYONE IN OUR EMPLOY,
STATE NAME AND DEPARTMENT

REFERRED
BY

If Applicable
DRIVER'S LICENSE #

ARE YOU ELIGIBLE TO WORK IN THE U.S.A.?

(circle one)

YES

NO

EXPIRATION DATE

VIOLATIONS

EMPLOYMENT DESIRED

POSITION

DATE YOU
CAN START

SALARY
DESIRED

ARE YOU EMPLOYED?

IF SO MAY WE INQUIRE
OF YOUR PRESENT EMPLOYER?

HAVE YOU EVER APPLIED TO THIS COMPANY BEFORE?

WHEN?

FOR WHAT POSITION?

EDUCATION

NAME AND LOCATION

OF YEARS
COMPLETED

DID YOU
GRADUATE?

SUBJECTS STUDIED

HIGH SCHOOL

COLLEGE

TRADE, BUSINESS, OR
CORRESPONDENCE
SCHOOL

SUBJECTS OF SPECIAL STUDY
OR RESEARCH WORK

HOBBIES/INFORMATION YOU CONSIDER
VALUABLE TO BLOCKHOUSE

WHAT FOREIGN LANGUAGES
DO YOU SPEAK FLUENTLY?

READ

WRITE

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES?

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FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER INCLUDE SUPERVISOR'S NAME AND PHONE NUMBER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

I AM AN EXPERIENCED OPERATOR OF THE FOLLOWING INDUSTRIAL AND/OR OFFICE EQUIPMENT:

PHYSICAL RECORD

DO YOU HAVE ANY PHYSICAL LIMITATION(S), SPECIFICALLY RELATED TO THE JOB YOU ARE APPLYING FOR, WHICH WOULD PREVENT YOU FROM BEING ABLE TO PERFORM THE REQUIRED ACTIVITIES ?

YES _____ NO _____

NOTE: THIS QUESTION ONLY APPLIES AS IT DIRECTLY RELATES TO A SPECIFIC JOB REQUIREMENT WHICH IS A BUSINESS NECESSITY (EXAMPLE: DOCK WORKER OR ORDER PICKER MUST BE ABLE TO LIFT 80 LBS.)

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. I understand that the completion of this application does not guarantee employment. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of wages and salary, be terminated at any time without any previous notice.

DATE _____

SIGNATURE _____

EQUAL OPPORTUNITY EMPLOYER – AFFIRMATIVE ACTION

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