



APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

As an equal opportunity employer, this company will not discriminate unlawfully against any employee or applicant for employment because of race, color, religion, sex, age, national origin, ancestry, or disability.

The following information is requested in order to help us make the appropriate placement within the company. All portions of this application pertaining to you must be completed. We appreciate the time you spend in completing this application form.

APPLICATIONS ARE CONSIDERED ACTIVE FOR 60 DAYS FROM DATE OF APPLICATION

We retain employment applications for one year.

PLEASE PRINT

Last Name	First	Middle	Date
Street Address			Phone Number
City	State	Zip	Are you 18 years old or over?

Social Security Number

____/____/____

Are you legally eligible for employment in the U.S.?

Driver's License # _____
Operator Class _____

Friends/Relatives working for Ward / Kraft:

Ever applied to this company before?	YES	NO	Where	When
POSITION DESIRED	Office	Skilled or Machine Operator	Unskilled or General Labor	Other:
How did you learn of our organization?	Starting pay expected		Date You Can Start	
Apart from absence for religious observance, are you available for full-time work?	Will you work overtime if asked?		Are you available for night work?	
Yes No If not, what hours can you work?	Yes No		Yes No	

Have you ever been convicted of a felony crime? If yes, describe in full. (A conviction record will not necessarily be a bar to employment.)

Are you aware of any reason you cannot perform the functions of the job for which you are applying? Yes No If yes, describe such reason.

Are you currently using a prescription? (W/K requires this knowledge for certain safety issues) Yes No If yes, explain in full.

Have you ever been disciplined or fired? If yes, explain in full.

EDUCATION	Name and Location of School	Circle Last Year Completed	Subjects Studied and Degree(s) Received
Grammar School			
High School		1 2 3 4	
College		1 2 3 4	
Trade, Business or Correspondence School		1 2 3 4	

LAST
FIRST
MIDDLE

List any Special Skills, Training, or Areas of Special Study.

Activities: (Civic, Athletic, Hobbies, etc.) Exclude those which may disclose your race, color, religion, sex, age, national origin, ancestry or disability.

FORMER EMPLOYERS List Below Last Four Employers, Starting With Last One First

Date Month and Year	Name, Address & Phone Number of Employer	Pay	Position	Reason for Leaving
① From To		START FINAL		
② From To		START FINAL		
③ From To		START FINAL		
④ From To		START FINAL		

We may contact the employers listed above unless you indicate those you do not want us to contact. Do not contact Employer Number(s) _____ Reason:

REFERENCES Give Below the Names of Three Persons Not Related to You, Whom You Have Known at Least One Year.

NAME	ADDRESS & PHONE NUMBER	BUSINESS	YEARS KNOWN

In Case of Emergency Notify	Name	Address	Phone Number
Please provide any other information you feel would be helpful in evaluating your application for employment.			

DO NOT WRITE BELOW THIS LINE

INTERVIEWER NAME & COMMENTS:

Hired	Dept.	Position	Will Report	Wage	Signature
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CONSENT
CERTIFICATION AND RELEASE

I certify that my application for employment with WARD/KRAFT, Inc. is intended for use as partial criteria in evaluating my suitability for employment. However, it is not intended to be the only criteria to be considered. I understand that my application for employment is not an employment contract, and that false or misleading statements are grounds for refusal or termination of employment and benefits. Federal law provides penalties for false statements or documents related to U.S. employment eligibility. Additional testing of job-related skills, mental/physical abilities, physical condition and for the presence of drugs in my body may be required after a conditional offer of employment is made or following acceptance for employment, or continuing employment and the results of such tests may also be used as partial criteria in evaluating my suitability for employment, or continuing employment.

I certify that the answers given by me in my Application for Employment and the statements made by me are complete and true to the best of my knowledge and belief.

I authorize the company and/or its agents including consumer reporting bureaus to verify any of this information including, but not limited to criminal history and motor vehicle driving records. I authorize all persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

I also understand that WARD/KRAFT, Inc. requires testing for drugs/alcohol/intoxicants as a part of its commitment to provide a drug-free work environment. I understand that such testing may include the analysis of urine, blood, saliva, breath, or hair samples, or any other medically accepted testing procedure. I am willing to submit to any or all such testing to detect the use of illegal drugs and/or intoxicants prior to and during employment, and give consent to WARD/KRAFT, Inc. to administer any or all of the above testing procedures on me, and to use the results thereof in further determining my employability with this Company, or, if already employed by WARD/KRAFT, Inc., as a criteria for my continued employment with this Company. As part of your employment with Ward/Kraft you may have access to valuable property or negotiable instruments or materials used for preparing negotiable instruments as such. I further agree that my locker, desk, work station or any other area provided to me by company may be searched at any time without notice.

I further understand that a positive drug test for intoxicants or drugs without a valid prescription will automatically disqualify me from further consideration for employment with WARD/KRAFT, Inc., and that a positive drug test for intoxicants or drugs without a valid prescription, or misuse of over-the-counter or prescribed drugs may be cause for termination.

By my signature hereon, I hereby agree and consent to each and every one of the stipulations set forth above, and agree to hold WARD/KRAFT, Inc., its authorized representatives, Officers, and Directors harmless for any harm arising from the misuse or disclosure of this information.

If I am employed, I agree to abide by the rules, regulations and policies of the company, which may be changed by the company at any time without notice. Nothing contained herein shall be construed as creating a contract of employment for a definite period of time. All members are employed at will, which means the member can terminate his employment at any time, and conversely, management retains the right to terminate any member at any time at its sole discretion. No representative or member of the company, with the exception of the President, has any authority to enter into any contract or agreement to the contrary, and then only if in writing and signed by the President.

Printed Name

Date

Signature

Social Security No.