

## **APPLICATION FOR EMPLOYMENT**

44 Lower Newton St. 800-639-1627

2 Orchard St. St. Albans, Vt. 05478 Enosburg, Vt. 05450 800-639-1628

13 Gallagher Rd. Middlesex, Vt. 05602 866-639-1629



400 Quarry Road Newport, Vt 05855 855-739-1626

11 North River Street Swanton, Vt 05488 800-868-3355

We consider applicants for all positions without regard to race, color, religeon, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

| Name:  |   |             |                 |                 |           |
|--|---|-------------|-----------------|-----------------|-----------|
| Address:   |   |             |                 |                 |           |
| Telephone:                                       |   |             | Cell:           |                 |           |
| What type of posit                               | tion are you applyi                       | ng for?     |                 |                 |           |
| On which date wo                                 | uld you be availab<br>h location(s) you w | le for emp  | oloyment        |                 |           |
| St. Albans                                       | Enosburg                                  | Mi          | ddlesex         | Derby           | Swanton   |
| Drivers License #                                |   | State       | :               | _ Exp:          |           |
| CDL License #                                    |   |             | Class: _        |                 |           |
| Are you available to w<br>Skills & Qualification | rork (please check)  <br>1 <b>s:</b>      | Full Time   | Part Time       | Shift Work      | Temporary |
| Please summarize sp                              | ecial skills and qualific                 | ations acqu | ired from emplo | oyment or other |           |

experiences that may qualify you for work with our company.

### **Educational Background:**

| Name & Location: | Years Completed: | Graduate? | Courses of Study |
|------------------|------------------|-----------|------------------|
|                  |                  |           |                  |
|                  |                  |           |                  |
|                  |                  |           |                  |

## **Employment History**

| Please start with curren | t or most | recent | employer |
|--------------------------|-----------|--------|----------|
|--------------------------|-----------|--------|----------|

| From:  | <u>To:</u>     | Employer       |                      |       |     | Telephone #        |    |  |
|--|----------------|----------------|----------------------|-------|-----|--------------------|----|--|
| Job Title  | <u>.</u>       | Address        |                      |       |     | 1                  |    |  |
| Reason f   | for Leaving:   | Hourly Rate    | Hourly Rate / Salary |       |     |                    |    |  |
|  |                | Start \$       | per                  | Final | \$  | per                |    |  |
| From:  | <u>To:</u>     | Employer       |                      |       |     | <u>Telephone #</u> |    |  |
| <u>Job Title</u>   | <u>.</u>       | Address        |                      |       |     |                    |    |  |
| Reason 1   | for Leaving:   | Hourly Rate    | / Salary             |       |     |                    |    |  |
|  |                | Start \$       | per                  | Final | \$  | per                |    |  |
| From:  | <u>To:</u>     | Employer       |                      |       |     | Telephone #        |    |  |
| <u>Job Title</u>   | <u>.</u>       | <u>Address</u> |                      |       |     |                    |    |  |
| Reason for Leaving:  |                | Hourly Rate    | / Salary             |       |     |                    |    |  |
|  |                | Start \$       | per                  | Final | \$  | per                |    |  |
| From:  | <u>To:</u>     | Employer       |                      |       |     | <u>Telephone #</u> |    |  |
| Job Title  | <u>.</u>       | Address        |                      |       |     | 1                  |    |  |
| Reason f   | for Leaving:   | Hourly Rate    | / Salary             |       |     |                    |    |  |
|  |                | Start \$       | per                  | Final | \$  | per                |    |  |
| If employ  | ved, would you | agree to a ra  | ndom drug t          | est?  |     | Yes                | No |  |
| Have you ever applied to this company before ?                                   |                |                |                      |       | Yes | No                 |    |  |
| Are you currently employed ?<br>If yes, where ?                                  |                |                |                      | Yes   | No  |                    |    |  |
| May we contact your past and / or present employers ? Yes                        |                |                |                      | Yes   | No  |                    |    |  |
| Have you ever been discharged or asked to resign from a job? Yes Please explain: |                |                |                      |       | No  |                    |    |  |
|  |                |                |                      |       |     |                    |    |  |

Are you legally eligible for employment in the United States? Yes No If hired, you will be required to provide documentation to verify eligibility

\* Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap or any other legally protected status.
\* As an employer with an affirmative action program, we comply with government regulations, including affirmative action responsibilities where they apply.
\* The purpose for this data record is to comply with government record keeping, reporting and other legal requirements. Periodic reports are made to the government on the following information. The completion of this data record is optional. If you choose to volunteer the requested information, please note that all data records are kept in a confidential file and <u>are not</u> a part of your application for employment or personnel file.

Please note: your cooperation is voluntary. Inclusion or exclusion of any data will not effect any. employment decisions.

## Voluntary Survey

| ( | Please  | print | ) |
|---|---------|-------|---|
| Ľ | 1 16036 | print | 1 |

Date: \_\_\_\_\_

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmitive Action Program.

# SUBMISSION OF THIS INFORMATION IS VOLUNTARY.

| Name:               |       |                 |            |         |                        |
|---------------------|-------|-----------------|------------|---------|------------------------|
| Address:            |       |                 |            |         |                        |
| City:               |       |                 | State:     |         | Zip:                   |
| Birthdate:          |       |                 |            |         |                        |
| Current Job:        |       |                 |            |         |                        |
| Check one           | Ма    | le              | Female     |         |                        |
| Check if applicable | e:    | Vietnam Veteran | Disabled V | Veteran | Handicapped Individual |
| Check one:          | White | Black           | Hispanic   | Other   |                        |

#### **References:**

Please use other than family members

3 or more

| Name: | Telephone #: | Years known: | Relationship ( how known ) |
|-------|--------------|--------------|----------------------------|
|       |              |              |                            |
|       |              |              |                            |
|       |              |              |                            |
|       |              |              |                            |
|       |              |              |                            |
|       |              |              |                            |

| I authorize investigation of al | I statements in this application: | Yes | No  |
|---------------------------------|-----------------------------------|-----|-----|
| i additorizo irreoligadori or a |                                   | 100 | 110 |

I understand that misrepresentation or omission of facts called for is cause for dismissal and that my employment is subtantially dependant on truthful answers to the foregoing inquiries Yes No

I have read these statements and answers to these inquiries: Yes No

#### As an applicant for employment with Sticks & Stuff, I understand the following:

This application will remain on active file for 60 days. If I am not hired within 60 days, this application is no longer active and I will need to reapply for employment if I wish to be considered for a job with Sticks & Stuff.

Any misrepresentation or falsification of information or significant omission will be cause for rejection of my application for subsequent discipline up to and including dimissal from employment if discovered at a later date.

If hired, my employment is not guaranteed for any term and my employment may be terminated by the company or myself at any time with or without notice or cause. No management official is authorized to make any oral assurance or promised of continued employment.

I authorize and consent to my current and prior employers, educational intitutes, and persons or organization named in this application (or accompanying resume) to release any information that may be required to make an employment decision.

If employed, I agree to comply with and be bound by the safety and health rules and regulations and rules of conduct of Sticks & Stuff.

Signature:

Date of application: