

Employment Application



Owens Supply Company
 PO Box 1390
 Pembroke, GA
 USA
 31321
 Phone: 912-653-2331
 Fax: 912-653-3400
 www.owenssupplycompany.com

Date:

Name:

Address:

State/Province:

Zip/Postal Code:

SS Number:

Home Phone:

Cell Phone:

Drivers License:

Medical Conditions that would affect your employment:

Positions Applied for:

Salary Desired:

Hours Available to Work:

Mon	<input type="text"/>
Tues	<input type="text"/>
Wed	<input type="text"/>
Thurs	<input type="text"/>
Fri	<input type="text"/>
Sat	<input type="text"/>
Sun	<input type="text"/>

Full-Time part-time Full or part-time

When available to begin work?

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School	<input type="text"/>	<input type="text"/>	<input type="text"/>
College Bus. or Trade School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Professional School	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

Have you ever been convicted of a crime: yes no
 If yes, please explain

Do you have a drivers license? yes no

State of issue:

Have you had any accidents in the past 3 years? yes no

How many?

Do you had any moving violations in the past 3 years? yes no

How many?

Previous Employment (list up to 3)

1.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

2.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

3.

Name of Employer:

Name of last supervisor:

Dates of employment:

From:

To:

Salary:

From:

To:

Complete Address:

Phone #:

Last job title:

Reason for Leaving (be specific):

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company:

May we contact your employer: yes no

Skills:

Typing:

Computer:

PC

Mac

Both

Applications (list all that apply):

Other Skills:

Please list 2 references other than relatives and previous employers

Name		
Position		
Company		
Telephone		

Use this space to add any additional information necessary to describe your full qualifications for the position which you are applying:

Drug-Free Work Place and Statement of Understanding

My Signature on this form indicates that I fully understand that Owens Supply Company is an Alcohol and Drug Free Work Place. I will be required to take a pre hire drug screening test and should I fail this test I will not be hired for the position. I also understand this company conducts random drug screening tests during my employment and should I refuse to take such test or have positive test results, I will be terminated from employment immediately. This company is an At Will Hire and Terminate Company. This application or the company policy handbook does not constitute any type of contract or binding agreement for employment.

Due to Georgia Immigration Law, Owens Supply Company will be required to verify all new hires for eligibility to work in The United States. New hires will be required to fill out the Employment Eligibility Verification form (Form I-9) on the first day of work.

I also agree to provide Owens Supply Company with a DMV Drivers Record as part of my hiring process.

I state that all information that I furnish this company is true and accurate to the best of my knowledge.

HIRING PROCESS:

- 1. Submit Application to Owens Supply Company**
- 2. Personal Interviews will be conducted for the top applicants.**
- 3. Pre-hire Drug Screening**
- 4. If you are hired, you will be placed on a 90 day or longer probationary basis.**
- 5. Fill out Employment Eligibility Verification form (I-9)**

Signed By _____

Document Signature Field

Date/Time Field