



FOR OFFICE USE ONLY			
Hire Date	Pay Rate	Shift	Emp. No

Employment Application

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This application form is not an offer of employment. If hired, such employment shall be considered "at will" and this application is not intended to constitute a contract of continued employment. Bellingham Cold Storage is an equal opportunity employer. Applicants are considered for positions without discrimination on the basis of race, color, religion, sex, sexual orientation, national origin, marital status, age, disability, or any other protected characteristic made unlawful by applicable federal, state or local laws. Additional testing of job-related skills, the presence of drugs in your body and a background check may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

PERSONAL INFORMATION (Please print clearly)

Name: _____ Social Security #: _____
Last First Middle

Address: _____
Street City State Zip Code

Home/Cell Phone Number: _____ Date of Birth: _____

Email Address: _____

If hired, can you provide proof of identity and your eligibility to work in the U.S.? YES NO

Have you ever been employed by Bellingham Cold Storage? YES NO

If YES, when: _____ Reason for leaving: _____

Do you have any relatives working for Bellingham Cold Storage? YES NO

If YES, list name(s) and relationship(s): _____

How did you hear about our Company?

Employee Referral (Name of employee): _____

Agency (Name of Agency): _____

Advertisement: _____ Other: _____

Do you have reliable transportation? YES NO

If NO, explain: _____

Have you been given a job description or have the essential functions of the job been explained to you? YES NO

Do you understand the essential functions of the job? YES NO

After reviewing the job description or essential functions of the job, are you able to perform the essential functions of the job with or without an accommodation? YES NO

EDUCATION (Please check the one that best represents you)

- College/University/Technical/Vocational graduate Currently attending College/University/Technical/Vocational school
 High School graduate/GED Less than High School graduate

Please list any special skills or qualifications including licenses/certifications you possess that are relevant to the position for which you are applying: _____

EMPLOYMENT HISTORY:

Please provide your complete work history for the last 5 years. List the most recent first. Include military service, if applicable. Use additional pages if necessary. We encourage you to submit a resume along with this application.

Employer 1:		Supervisor's Name:	
City/State:	Phone:	May we contact:	
Starting Date:	Ending Date:	Starting Rate of Pay:	Ending Rate of Pay:
Duties:			
Reason for Leaving:			
Employer 2:		Supervisor's Name:	
City/State:	Phone:	May we contact:	
Starting Date:	Ending Date:	Starting Rate of Pay:	Ending Rate of Pay:
Duties:			
Reason for Leaving:			
Employer 3:		Supervisor's Name:	
City/State:	Phone:	May we contact:	
Starting Date:	Ending Date:	Starting Rate of Pay:	Ending Rate of Pay:
Duties:			
Reason for Leaving:			

ACKNOWLEDGEMENT

I certify that the information contained in this application is truthful and fully complete to the best of my knowledge. I understand that providing false or incomplete information is grounds for refusing to hire me, or for discharge should I be hired.

I authorize the company and/or its agents, including consumer reporting bureaus, to verify any and all background information concerning my previous employment, education and qualifications for employment. I also authorize you to request and receive such information. The company may use this information to make an employment decision.

I also understand that the use of, possession of, or being under the influence of a drug prohibited by state or federal law at work is prohibited. If company policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment.

I also acknowledge that my employment may be terminated, or any offer or acceptance of employment withdrawn, at any time, with or without cause, and with or without prior notice at the option of the company or myself.

Nothing in this acknowledgement affects any rights you may have under any collective bargaining agreement.

Signature _____

Date _____