

Application for Employment Marshall's Industrial Hardware LLC

You may use a resume to supplement this application. If so, please fill in all requested information not included in your resume.

Position applied for: _____

Minimum hourly wage expected: \$ _____

Personal Data

Name: _____

Address: _____

Phone: (____) _____

Can you submit verification of your legal right to work in the U.S.?

YES _____ NO _____

In case of emergency, please give us the name, address, & phone number of person to be notified.

Name: _____

Address: _____

Phone (____) _____

Is there anything which would prevent you from:

Working Consistently: YES _____ NO _____

Working Overtime: YES _____ NO _____

Traveling: YES _____ NO _____

If yes to any of the above, explain:

Do you have reliable transportation to and from work? Please describe:

Have you ever been convicted of a felony? YES _____ NO _____

If yes, explain: _____

(NOTE: Conviction will not necessarily disqualify you)

Do you have any type of prior injury that restricts your ability to climb a ladder or step stool, squat or lift up to 25 pounds? Do you have any type of medical condition (for example, do you suffer dizzy spells, or experience lightheadedness) that would restrict your ability or endanger your health to engage in any of the above activities?

If yes, explain:

(NOTE: A prior injury or medical condition will not disqualify you from employment. This information will be used to see that you are appropriately placed in a work position, consistent with your abilities and/or limitations).

U.S. Military Service

Service Branch _____ Initial Rank _____ Final Rank _____

Special training received: _____

Skills (Please check the skills you have)

Typing: w.p.m. _____
Calculator: Sight _____ Touch _____
Bookkeeping: A/P _____ A/R _____ P&L _____ Posting _____

Educational Record

School Attended _____ Name _____ City/State _____ Grade Completed _____

High School _____

Jr. College _____

College/Univ. _____

Grad. School _____

Trade School _____

Adult education or special training:

Employment Record

Other names(s) under which employment may be verified: _____

List all jobs, U.S. military service, and self-employment in the United States. Begin with the most recent:

1. Company Name _____
Address _____
Phone (____) _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____

2. Company Name _____
Address _____
Phone () _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____
3. Company Name _____
Address _____
Phone () _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____
4. Company Name _____
Address _____
Phone () _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____

5. Company Name _____
Address _____
Phone (____) _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____
6. Company Name _____
Address _____
Phone (____) _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____
7. Company Name _____
Address _____
Phone (____) _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____

8. Company Name _____
Address _____
Phone (____) _____
Dates of employment (month & year) From _____ To _____
Base rate of pay \$ _____
Type of work performed _____
Name & title of supervisor _____
Specific reason for leaving _____

I understand that any omission or misrepresentation of material fact in this application may result in refusal or separation from employment. I have no objection to making application for security clearance, if necessary, signing an employee agreement on confidential information and inventions, or taking a physical examination.

I hereby authorize the company to make any investigation of my background deemed necessary. I understand that my prior employers, educational institutions, credit reporting agencies and other references listed on the application are authorized to give the Company any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I release all persons or entities from all liability for any damage that may result from the Company's reliance on the information furnished in connection with any background investigation that is conducted. I understand I have the right to make a written request, within a reasonable time, for a complete and accurate disclosure of information about the nature and scope of such inquiry.

In consideration for my employment, I agree to conform to the rules and regulations of the Company. I further agree that my employment with the Company is "at-will." Employment and compensation may be terminated with or without cause or notice at any time, at the option of either myself or the Company, unless otherwise provided by express written agreement executed by me and the President of the Company or his/her designated representative. Such "at-will" relationship will remain in effect throughout my employment with the Company, unless it is specifically modified by an express written agreement executed by myself and the President of the Company. This "at-will" employment relationship may not be modified by any oral or implied agreement, is intended to apply to the entire employment relationship between me and the Company and supersedes any prior employment agreement between me and the Company.

(Signature of Applicant)

(Date of Signature)

(Print Name)