

**COLLINS & COMPANY, INC.**  
555 River Street  
Chattanooga, TN 37405  
Phone (423) 265-0541 FAX (423) 265-0545

**APPLICATION FOR  
EMPLOYMENT**

This company is an equal opportunity employer and adheres to the principles and practices outlined in the Civil Rights Act of 1964, which prohibits discrimination in employment on the basis of race, sex, religion or national origin and Public Law 90-202 which prohibits discrimination based on age. This application will be given every consideration, but its receipt does not imply that the applicant will be employed. Any offer of employment is contingent on the applicant successfully taking and passing a NIDA 5 pre-employment drug screen. Each question should be answered in a complete and accurate manner as no action can be taken on this application until all questions have been answered.

**PERSONAL:**

Date \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Last First Middle A/C

Present Address \_\_\_\_\_  
Apt. No. Street City State Zip

Social Security No. \_\_\_\_\_ Are you over 18? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a citizen of the U.S. or do you have the legal right to be employed in the United States? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of any crime (excluding minor traffic violations) including DUI? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state the offense, location and disposition \_\_\_\_\_

Who should be contacted in case of emergency? \_\_\_\_\_

Name Relationship

Street Address \_\_\_\_\_ City State Zip A/C Telephone

Drivers license: State \_\_\_\_\_ Number \_\_\_\_\_ Type \_\_\_\_\_

**EMPLOYMENT DESIRED:**

Are you seeking: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Temporary or Summer Employment \_\_\_\_\_

Position applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Date available to start \_\_\_\_\_

Have you ever applied to our company before? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever worked for our company before? Yes \_\_\_\_\_ No \_\_\_\_\_

If your answer to either of the above questions is Yes, state when and where you applied and/or worked. \_\_\_\_\_

How did you learn of our company and/or position? \_\_\_\_\_

Are you now or do you expect to be engaged in any other business or employment? Yes \_\_\_\_\_ No \_\_\_\_\_

Are there any days or hours you would be unable or unwilling to work? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify those days or hours you would be unable or unwilling to work \_\_\_\_\_

**EDUCATION:**

Name, address and location Graduate? Courses Studied

High School Yes \_\_\_ No \_\_\_

College Yes \_\_\_ No \_\_\_

Trade School Yes \_\_\_ No \_\_\_

Are you planning to pursue further studies? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, when, where and what courses? \_\_\_\_\_

List any scholastic honors, offices held and activities involved in during high school and college \_\_\_\_\_

**HEALTH:**

Will you abide by the safety rules of this company? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take a physical exam at company expense? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you take any illegal or non-prescribed drugs? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you willing to take a NIDA 5 drug screen at company expense? Yes \_\_\_\_\_ No \_\_\_\_\_

How many days have you missed from work in the past three years? \_\_\_\_\_

Are you able to stand and walk for long periods of time? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform this task with or without an accommodation(s)? With \_\_\_\_\_ Without \_\_\_\_\_

If you answered *With* to this question, how would you perform this task and with what accommodation(s)? \_\_\_\_\_

Are you able to carry objects weighing 50 pounds or more for a distance of 50 feet or more? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you able to perform this task with or without an accommodation(s)? With \_\_\_\_\_ Without \_\_\_\_\_

If you answered *With* to this question, how would you perform this task and with what accommodation(s)? \_\_\_\_\_

**WORK HISTORY:**

List names of employers for the previous five (5) years in consecutive order with present or last employer listed first. Account for ALL periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. **PLEASE GIVE MONTH AND YEAR.**

LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_

SECOND LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_

THIRD LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_

FOURTH LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_

FIFTH LAST EMPLOYER: Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_  
Position Held \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Salary \_\_\_\_\_  
Reasons for Leaving \_\_\_\_\_  
Duties: \_\_\_\_\_

**SPECIAL SKILLS:**

Do you have training or experience in computer or word processing? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe your training, experience and equipment and programs: \_\_\_\_\_

Do you have training or experience as a supervisor of employees? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe your training, experience and number of supervised employees: \_\_\_\_\_

I certify that the answers given by me to the foregoing questions and statements are true and correct without any consequence or omissions of any kind whatsoever. I understand that misleading or incorrect statements may render this application void and, if employed, would be cause for my termination. I further agree that the company shall not be liable in any respect if my employment is terminated because of falsity of statements, answers or omissions made by me in this application. I also authorize the companies, schools or persons named above to give any information regarding my employment, character and qualifications and hereby release said companies, schools or persons from all liability for any damage for issuing this information. I certify that all statements and answers to questions about my health are true and were made without reservations and agree to expressly waive all provisions of law prohibiting any physician, person, hospital or other institution from disclosing to the company any information regarding treatment rendered now and in the future. I further understand that the taking of drug tests are a condition of employment and refusal to take such tests when asked will subject me to termination. I also understand that no person is authorized to enter into any written or verbal employment contracts on behalf of the company without the express written consent of the President of this company.

Applicant's Signature

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Date

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