

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: _____

SECONDLAST EMPLOYER: Name _____ Phone (____) _____
Address _____
Position Held _____ From _____ To _____ Salary _____
Reasons for Leaving _____
Duties: _____

THIRDLAST 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

Date
