SHALOM EQUIPMENT, LLC - EMPLOYMENT APPLICATION

Pre-Employment Questionnaire/Equal Opportunity Employer

Personal Information

DATE: _____

LAST: _____ FIRST: _____ MI: _____

ADDRESS: _____

CITY: _____STATE: _____ZIP:_____

PHONE NO: (_____) _____CELL NO: (_____) _____

EMPLOYMENT DESIRED

POSITION: _____ DATE YOU CAN START_____

SALARY DESIRED. $_____ARE YOU EMPLOYED NOW? _____

IF YES, MAY WE CONTACT YOUR CURRENT EMPLOYER? _____

EDUCATION HISTORY:

HIGH SCHOOL: _____

DID YOU GRADUATE? _____ YEAR _____

COLLEGE/TRADE SCHOOL: _____

COURSE OF STUDY: _____

DID YOU GRADUATE? _____

GENERAL INFORMATION

PLEASE LIST ANY JOB RELATED SKILLS YOU HAVE:

_____

_____

_____

CURRENT/MOST RECENT EMPLOYER:

COMPANY NAME: _____

PHONE NUMBER: _____ SUPERVISOR: _____

FROM: _____TO: _____

CURRENT HOURLY WAGE: $_____

SHALOM EQUIPMENT, LLC - EMPLOYMENT APPLICATION
Pre-Employment Questionnaire/Equal Opportunity Employer

NEXT RECENT EMPLOYER:

COMPANY NAME: _____

PHONE NUMBER: _____ SUPERVISOR: _____

FROM: _____TO: _____

CURRENT HOURLY WAGE: $_____

PREVIOUS EMPLOYER:

COMPANY NAME: _____

PHONE NUMBER: _____SUPERVISOR: _____

FROM: _____TO: _____

CURRENT HOURLY WAGE: $_____

PREVIOUS EMPLOYER:

COMPANY NAME: _____

PHONE NUMBER: _____ SUPERVISOR: _____

FROM: _____TO: _____

CURRENT HOURLY WAGE: $_____

REFERENCES (PLEASE LIST 4 REFERENCES NOT RELATED TO YOU)

NAME: _____NAME:_____

ADDRESS: _____ADDRESS:_____

PHONE: _____PHONE:_____

NAME: _____NAME:_____

ADDRESS: _____ADDRESS:_____

PHONE: _____PHONE:_____

SHALOM EQUIPMENT, LLC - EMPLOYMENT APPLICATION
Pre-Employment Questionnaire/Equal Opportunity Employer

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you all information concerning my employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I understand that upon employment I can and will be required to participate in random drug screening and that my being under the influence of any drugs or alcohol will cause my immediate termination. I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

DATE: _____ SIGNATURE: _____