

Application For Employment

"Employment - At - Will"



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please Print

Position(s) Applied For		Date of Application
How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name
Permanent Address		Apt #
City	State	Zip Code
Telephone Number(s)	Social Security Number / /	
Temporary Address		Apt #
City	State	Zip Code

Best time to contact you at home: _____ : _____ AM / PM

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes No
☐ ☐

Have you ever filed an application with us before?

☐ ☐

If Yes, provide date _____

Have you ever been employed with us before?

☐ ☐

If Yes, provide dates _____

Do any of your friends or relatives, including spouse, work here?

☐ ☐

If Yes, provide name and relationship _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?

☐ ☐

Proof of citizenship or immigration status will be required upon employment

Date available for work: ____ / ____ / ____

Desired Salary Range _____

Are you available to work:

☐ Full Time

Day Turn _____ Night Turn _____

☐ Part Time

☐ Temporary

Indicate Dates Available: ____ / ____ - ____ / ____

Yes No

Are you currently on "lay-off" status and subject to recall?

☐ ☐

Can you travel if a job requires it?

☐ ☐

Have you been convicted of an offense other than minor traffic violations in the last 7 years?

☐ ☐

Conviction will not necessarily disqualify an applicant from employment

If Yes, please explain: _____

Do you have reliable means of transportation? (Car/Truck/Other)

☐ ☐

Do you have a valid drivers license? Indicate license number _____

☐ ☐

Education History

School Type	Name & Address of School	Year Graduated	Course of Study	No. of Years Completed	Diploma / Degree Received
High School					<input type="checkbox"/> Graduated
Undergraduate College					<input type="checkbox"/> Graduated
Graduate / Professional					<input type="checkbox"/> Graduated
Other (Specify)					<input type="checkbox"/> Graduated

Work Experience

Start with your present or last job. Include any job-related military service assignments or volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate / Salary		
	Starting	Ending	
Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate / Salary		
	Starting	Ending	
Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate / Salary		
	Starting	Ending	
Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
Employer	Dates Employed		Work Performed:
	From	To	
Address			
Telephone Number(s)			
Job Title	Hourly Rate / Salary		
	Starting	Ending	
Supervisor			
Reason for Leaving			May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Comments: Include explanation of any gaps in employment

Describe any specialized training, apprenticeships, skills, and extra-curricular activities.

Describe any job-related training received in the United States military.

List professional, trade, business, or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, disability, or other legally protected status.

Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experience

Specialized Skills (Computer Experience / Equipment Operated)

☐ PC / Mac

☐ Spreadsheet

Production / Mobile Machinery (list)

Other (list)

☐ Terminal

☐ Word Processing

☐ AS/400

☐ Shorthand

☐ Typewriter

WPM

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given.

☐ YES

☐ NO

Personal / Professional References

Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation

Applicant's Statement

I certify that the answers and information given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period not to exceed thirty (30) days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with Team Sledd, LLC. is of an "at will" nature, which means that the Employee may resign at any time and Team Sledd, LLC. may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document, or by conduct, unless such change is specifically acknowledged in writing by the President of Team Sledd, LLC.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Team Sledd, LLC.

X

Signature of Applicant

Date



IS A
DRUG FREE
WORKPLACE
WE TEST

Authorization and Release Form

I hereby authorize Team Sledd, LLC. to conduct an inquiry into my work experience, business activities, education, general reputation, character, personal characteristics, and mode of living and/or past activities. This inquiry may be conducted either by Team Sledd, LLC., its employees, or an independent agency retained by the Team Sledd, LLC. I authorize and request any and all of my former employers, personal references, educational institutions, law enforcement, and credit agencies, and/or any other person to furnish to the Team Sledd, LLC. or its agents any information that they may have concerning the above referenced matters. This may include, but is not limited to, educational history, criminal information, credit records, employment and the reason(s) for termination thereof.

I hereby release the Team Sledd, LLC., its employees and/or any agency retained by Team Sledd, LLC., from all liability and responsibility, in connection with conducting such an inquiry, including their agents and employees. Further, I hereby release from any and all liability whatsoever all persons, institutions, employees, organizations and/or agencies which provide information pursuant to this authorization and request. In connection with any inquiry made by the Team Sledd, LLC. of former employers, personal references, educational institutions, etc. I am waiving all rights to bring any action for defamation, invasion of privacy or similar causes of action.

Date

X _____
Signature of Applicant

In executing this document, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interview with my neighbors, friends, and other with whom I am acquainted. This inquiry includes information as to my character, general reputation, and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.



RELEASE FORM

Date: ____/____/____

Name: _____

Address: _____

Social Security Number: XXX-XX-____

Telephone: () _____ - _____

Dear Sir or Madam,

The individual, named above, is being considered for a position with the Team Sledd LLC. The applicant's signature below will attest to the fact that we have process. We are asking for your assistance in this matter. Please supply information as requested below. All information furnished will be held in the strictest confidence.

Applicant's Signature: X _____ H.R. Manager: _____

EMPLOYMENT HISTORY

Employer: _____

Date: ____/____/____

Period of Employment: From: _____ To: _____

Duties During Employment: _____

Rate of Pay/Salary: _____

Was Applicant Honest and Reliable: _____

Was Applicant Disciplined For Any Reason: _____

If So, Give Details: _____

Reason For Leaving: _____

Would You Rehire: Yes: _____ No: _____

If Not, Give Reasons: _____

Additional Comments: _____

X _____
Signature/Title

Telephone: _____

EQUAL OPPORTUNITY EMPLOYER

"IT IS OUR PLEDGE TO RESPECT THE DIGNITY OF PROSPECTIVE EMPLOYEES AND TO CARRY OUT OUR RELATIONSHIP WITH THEM WITHOUT DISCRIMINATION REGARDLESS OF RACE, CREED, COLOR, SEX, AGE, NATIONAL ORIGIN, OR HANDICAP."

We are an equal opportunity employer and the purpose of the information requested below is to help us comply with the Federal and State regulations which require that we solicit information from the applicant for advertised employment positions. The information is maintained for statistical purposes only. Any information not provided will be supplied by Team Sledd LLC. on a "best knowledge" basis. It will be seen by the Team Sledd LLC. Affirmative Action Officer only and will in no way add or detract from your employment potential with Team Sledd LLC. **Thank you for your assistance.**

Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number: _____

Veteran: Yes _____ No _____
U.S. Citizen: Yes _____ No _____

Position Applied For: _____

Hours Desired: Full – Time _____ Part - Time _____ Summer Only _____

Marital Status

_____ Single _____ Separated
_____ Married _____ Widowed
_____ Divorced

What caused you to apply at Team Sledd, LLC. for employment (please check one).

_____ Newspaper Advertisement
_____ WV State Employment Office
_____ Personal Initiative

_____ Private Employment Agency (Name) _____
_____ Encouraged by a Team Sledd LLC. Employee (Name) _____
_____ Vacancy Announcement Posted Within Team Sledd, LLC. _____
_____ Educational Institution (Please Name) _____
_____ Other (Explain) _____

I certify that I fully understand the Team Sledd LLC.'s purpose in obtaining the above information and further certify that my resources are true to my best or knowledge. Thank you for your cooperation.

_____ a.m. _____ p.m. X
Date Time

Signature

Equal Employment Opportunity Officer

Having issues submitting your form? You may also attach this form and send directly to: priethmiller@teamsledd.com