

## APPLICATION FOR EMPLOYMENT

(AN EQUAL OPPORTUNITY EMPLOYER)

### PERSONAL

POSITION(S) APPLIED FOR _____		DATE OF APPLICATION _____	
NAME _____			
LAST	FIRST	MIDDLE	
ADDRESS _____			
STREET	CITY	STATE	ZIP CODE
E-MAIL ADDRESS _____			
PHONE #( ) _____		ALTERNATE PHONE #( ) _____	
SOCIAL INSURANCE # _____			
DATE AVAILABLE TO WORK ____/____/____		WAREHOUSE	
TYPE OF EMPLOYMENT DESIRED		<input type="checkbox"/> 1ST SHIFT	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL INTERNSHIP		<input type="checkbox"/> 2ND SHIFT <input type="checkbox"/> CUSTOMER SERVICE	
HAVE YOU APPLIED/INTERVIEWED WITH ULINE IN THE LAST 6 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE FOR WHICH A PARDON HAS NOT BEEN GRANTED? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE EXPLAIN _____			
CONVICTION WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. EACH INSTANCE AND EXPLANATION WILL BE CONSIDERED IN RELATION TO THE POSITION FOR WHICH YOU ARE APPLYING.			
DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT INTO WHICH ULINE CAN DIRECT DEPOSIT YOUR PAY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NOT, WOULD YOU BE WILLING TO ESTABLISH ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO			

### EMPLOYMENT HISTORY PROVIDE THE FOLLOWING INFORMATION FOR YOUR PAST 3 EMPLOYERS, ASSIGNMENTS, OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT:

FROM _____	TO _____	EMPLOYER _____	( ) _____ PHONE
JOB TITLE _____		ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____	
REASON FOR LEAVING _____		SALARY	
		START \$ _____ PER _____ FINAL \$ _____ PER _____	

FROM _____	TO _____	EMPLOYER _____	( ) _____ PHONE
JOB TITLE _____		ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____	
REASON FOR LEAVING _____		SALARY	
		START \$ _____ PER _____ FINAL \$ _____ PER _____	

## EMPLOYMENT HISTORY CONTINUED

FROM _____	TO _____	EMPLOYER _____	( ) _____ PHONE
JOB TITLE _____		ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____	
REASON FOR LEAVING _____		SALARY _____	
		START \$ _____ PER _____	FINAL \$ _____ PER _____

## EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
OTHER			

SPECIAL SKILLS:

AVOCATIONAL INTERESTS OR HOBBIES:

I give the employer the right to contact and obtain information from all references, past or present employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from all liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations, or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, as required by law. This application or correlating interview process does not constitute a contract for employment or provision of any benefit for any specified period. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by law.

I certify that statements made in this application are true and correct to the best of my knowledge. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRAL SOURCE: HOW DID YOU HEAR ABOUT THIS POSITION? \_\_\_\_\_