



Heritage Products, Inc.

An Equal Opportunity Employer

APPLICATION FOR EMPLOYMENT

(Please complete in your own handwriting)

YOUR APPLICATION MUST BE COMPLETED IN FULL.
IF A QUESTION DOES NOT APPLY TO YOU PLACE N.A.
(not applicable) IN THE RESPONSE AREA.

Possible Positions	FOR OFFICE USE ONLY	
	Work Location _____	Rate _____
	Position _____	Date _____

PERSONAL

Date _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone No. _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes _____ NO _____ (If yes, verification will be required)

Are you 18 years of age or older? _____

Position(s) applied for _____ Minimum acceptable starting wage? _____

Were you previously employed by us? _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Please circle shift you would prefer? Days Afternoons Nights

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle Last Year Completed	Did you Graduate?	List Diploma or Degree
Elementary	_____	X	5 6 7 8	<input type="checkbox"/> Yes	X
	_____			<input type="checkbox"/> No	

High	_____		9 10 11 12	<input type="checkbox"/> Yes	
	_____			<input type="checkbox"/> No	

College	_____		1 2 3 4	<input type="checkbox"/> Yes	
	_____			<input type="checkbox"/> No	

Other (Specify)	_____		1 2 3 4	<input type="checkbox"/> Yes	
	_____			<input type="checkbox"/> No	

List below present and past employment, beginning with your most recent

I

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

II

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

III

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

IV

Name and Address of Company and Type of Business	From		To		Weekly Starting Salary	Weekly Last Salary	Reason For Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
Describe the work you did:								
Telephone								

I hereby authorize Heritage Products, Inc. to reproduce this signed statement as authorization for my former employers and references to disclose information concerning my work history. I hereby release from liability or damage those individuals who may provide such information.

Please Print Name

Signed: _____
Applicants Name

Dated: _____

PROFESSIONAL REFERENCES (NOT FRIENDS OR RELATIVES)

Name and Occupation	Address	Phone Number

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch?

Did you receive any training in the U.S. Armed Forces that is relevant to the position applied for?

OTHER INFORMATION

Have you had specific training in the craft or maintenance occupations? Yes _____ No _____
If so, please list which occupations and years of training.

_____ years
_____ years

Have you had any specific training or experience in operating equipment? Yes _____ No _____

_____ years
_____ years

Have you had any specific training or experience in operating office equipment? Yes _____ No _____
If so, list type of equipment and years of experience.

_____ years
_____ years
_____ years

In your last three years of employment, how many days were you absent from work? _____

How many days of absence a year would you consider as excessive absence? _____ days per year.

Would you like to work some overtime? Yes _____ No _____

How many hours of overtime would you like to work in a week? _____
In a month? _____ Consistently? Yes _____ NO _____

In your last three years of employment were you ever officially reprimanded or discipline? Yes _____ NO _____
If so, how many reprimands or disciplines in each of the last three years?

Reprimands: _____ Disciplines: _____

In your last three years of employment did you receive any official commendations or awards for you work from your employer? Yes _____ No _____

If so, when and what were they for:

How long have you lived at present address? _____

Previous Address _____ No. Street City State Zip _____ How long did you live there?

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past ten years which has not been annulled or expunged or sealed by a court? _____ If yes, describe in full _____

Can you medically and physically perform the necessary job related functions of the position for which you are applying with reasonable accommodation, if needed. Yes _____ No _____

Explain: _____

List any relatives working for us (other than spouse). _____ Names

List any friends working for us. _____ Names

Are you flexible in regards to job assignment or would you prefer to do the same job, all the time, every day? (Please explain)

PLEASE READ AND SIGN BELOW

I hereby certify that all information given herein is complete, made truthfully, without evasion. If found to be false or made with deliberate omission, it will be sufficient reason for my dismissal. I understand that all information I have furnished may be investigated and hereby authorize Heritage Products, Inc. to reproduce this signed statement as authorization of former employers or other individuals to give information concerning me. I hereby release from liability or damage those individuals who may provide such information relating to my prior record. I understand that upon request I will furnish to my employer a copy of my birth certificate and a copy of my military discharge papers. I understand that failure to pass a drug test as part of the employment medical evaluation will result in a denial of consideration for employment. In consideration of my employment, I agree to conform to the rules and regulations of Heritage Products, Inc. My employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company other than the Chief Executive Officer has the authority to enter into any employment agreement for any specified period of time or to make any agreement contrary to the foregoing. Any such agreement must be in writing signed by Chief Executive officer and me.

Signed _____ Applicant

(Please Print Name)