



Indian Summer Products, L.L.C.

APPLICATION FOR EMPLOYMENT

Job Expectations: Check the boxes below if you are willing to follow our standards of professionalism, including but not limited to:

- | | |
|---|---|
| <input type="checkbox"/> Arriving at your scheduled times & maintaining a positive attitude | <input type="checkbox"/> Completing training requirements |
| <input type="checkbox"/> Following company policies and procedures | <input type="checkbox"/> Complying with a work schedule that may include out of town work |
| <input type="checkbox"/> Maintaining a professional appearance & meeting company dress code | <input type="checkbox"/> Complying with employee responsibilities |

DATE OF APPLICATION: _____ POSITION APPLYING FOR: _____
REFERRAL SOURCE: ☐ AD ☐ FRIEND ☐ WALK-IN ☐ SIGN ☐ OTHER

PLEASE COMPLETE IN FULL (EVEN WITH RESUME ATTACHED)

NAME: _____ SOCIAL SECURITY #: _____
FIRST MI LAST

ADDRESS: _____
NUMBER & STREET CITY STATE ZIP

TELEPHONE #'S DAY () _____ EVE () _____
PGR. () _____ CELL () _____

EMAIL ADDRESS: _____

ARE YOU AT LEAST 16 YEARS OF AGE? ☐ YES ☐ NO ARE YOU AT LEAST 18 YEARS OF AGE? ☐ YES ☐ NO

ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU APPLIED OR IS OPEN, WITH OR WITHOUT REASONABLE ACCOMMODATIONS? ☐ YES ☐ NO

HAVE YOU OR ANY ONE YOU KNOW BEEN EMPLOYED BY INDIAN SUMMER PRODUCTS BEFORE?
☐ YES ☐ NO IF YES GIVE NAME & DETAILS _____

ARE YOU SEEKING: ☐ FULL TIME ☐ PART TIME ☐ SHIFT WORK ☐ TEMPORARY ☐ CONTRACT

ARE YOU AVAILABLE TO WORK: DAYS: ☐ YES ☐ NO PAY EXPECTED: _____
NIGHTS: ☐ YES ☐ NO WHAT DATE CAN YOU BEGIN WORK: _____
SUNDAYS: ☐ YES ☐ NO CAN YOU WORK OUT OF TOWN DURING THE WEEK? ☐ YES ☐ NO
OVERTIME: ☐ YES ☐ NO
HOLIDAYS: ☐ YES ☐ NO

CRIMINAL BACKGROUND

HAVE YOU EVER BEEN CONVICTED OF A CRIME OTHER THAN A ROUTINE TRAFFIC VIOLATION? ☐ YES ☐ NO
IF YES, GIVE DETAILS: _____

HAVE YOU EVER RECEIVED DEFERRED ADJUDICATION, PROBATION, OR PAROLE? ☐ YES ☐ NO
IF YES, GIVE DETAILS: _____

EDUCATION:

WHICH WAS COMPLETED: ☐ HIGH SCHOOL ☐ COLLEGE ☐ TRADE SCHOOL

PLEASE GIVE DETAILS ON COLLEGE MAJOR AND OR TRADE SCHOOL SUBJECTS: _____

SPECIAL SKILLS AND QUALIFICATIONS: LIST EQUIPMENT, MACHINERY, SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM PAST EMPLOYMENT EXPERIENCE: _____

LIST APPLICABLE TECHNICAL LICENSES OR CERTIFICATES RELATIVE TO THE POSITION FOR WHICH YOU ARE APPLYING; _____

EMPLOYMENT EXPERIENCE:

PLEASE LIST ALL EMPLOYMENTS STARTING WITH THE MOST RECENT

#1 EMPLOYER: _____ ADDRESS: _____
PH #: _____ JOB TITLE: _____ SUPERVISOR: _____
EMPLOYMENT DATES: FROM: _____ TO: _____
STARTING WAGE: _____ PER _____ ENDING WAGE: _____ PER _____
DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

#2 EMPLOYER: _____ ADDRESS: _____
PH #: _____ JOB TITLE: _____ SUPERVISOR: _____
EMPLOYMENT DATES: FROM: _____ TO: _____
STARTING WAGE: _____ PER _____ ENDING WAGE: _____ PER _____
DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

#3 EMPLOYER: _____ ADDRESS: _____
PH #: _____ JOB TITLE: _____ SUPERVISOR: _____
EMPLOYMENT DATES: FROM: _____ TO: _____
STARTING WAGE: _____ PER _____ ENDING WAGE: _____ PER _____
DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

#4 EMPLOYER: _____ ADDRESS: _____
PH #: _____ JOB TITLE: _____ SUPERVISOR: _____
EMPLOYMENT DATES: FROM: _____ TO: _____
STARTING WAGE: _____ PER _____ ENDING WAGE: _____ PER _____
DUTIES & RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

DRIVING RECORD

DO YOU HAVE A VALID DRIVERS LICENSE: ☐ YES ☐ NO STATE ISSUED IN: _____ LICENSE # _____

IF YES, IS IT VALID FOR COMMERCIAL DELIVERY IN MISSOURI: ☐ YES ☐ NO

CAN YOU DRIVE A MANUAL TRANSMISSION VEHICLE: ☐ YES ☐ NO HAS YOUR LICENSE BEEN SUSPENDED? ☐ YES ☐ NO

PLEASE LIST ALL MOVING VIOLATIONS/ACCIDENTS IN THE PAST THREE YEARS:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU HAVE YOUR OWN WORKING VEHICLE: ☐ YES ☐ NO

WHAT TYPE OF VEHICLE IS IT: _____

IF SO WILL YOU BE WILLING TO USE IT FOR COMPANY USE: ☐ YES ☐ NO

I certify that all answers given herein are true and correct to the best of my knowledge. I authorize investigations 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 6 months. Any applicant wishing to be considered for employment after this time period should inquire whether or not applications are being accepted at that time. 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 the employer. I understand that pre-employment physical and drug testing will be required and that physical and drug testing will be required in the event of an accident during employment. I understand that some positions require the examination of driving records before and during employment. I understand that if I am hired that my employment is **at will** and may be severed by either party at any time with or without cause. I understand that neither this document nor an offer of employment by the employer constitute an employment contract unless a specific document to that effect is executed by the employer and employee in writing.

Applicants signature

Date

REFERENCE CHECK

APPLICANT NAME: _____

#1

COMPANY CONTACTED: _____
PERSON SPOKE TO: _____
DATE OF CONTACT: _____
DATES OF EMPLOYMENT VERIFICATION:
FROM: _____ TO: _____
WAGE AT TIME OF LEAVING: _____
POSITION HELD: _____
REASON FOR LEAVING: _____

WOULD YOU REHIRE: ☐ YES ☐ NO
REFERENCE CHECK PREFORMED BY: _____

#2

COMPANY CONTACTED: _____
PERSON SPOKE TO: _____
DATE OF CONTACT: _____
DATES OF EMPLOYMENT VERIFICATION:
FROM: _____ TO: _____
WAGE AT TIME OF LEAVING: _____
POSITION HELD: _____
REASON FOR LEAVING: _____

WOULD YOU REHIRE: ☐ YES ☐ NO
REFERENCE CHECK PREFORMED BY: _____

#3

COMPANY CONTACTED: _____
PERSON SPOKE TO: _____
DATE OF CONTACT: _____
DATES OF EMPLOYMENT VERIFICATION:
FROM: _____ TO: _____
WAGE AT TIME OF LEAVING: _____
POSITION HELD: _____
REASON FOR LEAVING: _____

WOULD YOU REHIRE: ☐ YES ☐ NO
REFERENCE CHECK PREFORMED BY: _____

#4

COMPANY CONTACTED: _____
PERSON SPOKE TO: _____
DATE OF CONTACT: _____
DATES OF EMPLOYMENT VERIFICATION:
FROM: _____ TO: _____
WAGE AT TIME OF LEAVING: _____
POSITION HELD: _____
REASON FOR LEAVING: _____

WOULD YOU REHIRE: ☐ YES ☐ NO
REFERENCE CHECK PREFORMED BY: _____

#5

COMPANY CONTACTED: _____
PERSON SPOKE TO: _____
DATE OF CONTACT: _____
DATES OF EMPLOYMENT VERIFICATION:
FROM: _____ TO: _____
WAGE AT TIME OF LEAVING: _____
POSITION HELD: _____
REASON FOR LEAVING: _____

WOULD YOU REHIRE: ☐ YES ☐ NO
REFERENCE CHECK PREFORMED BY: _____

PERSONAL REFERENCES

Please provide at least three personal references that are in contact with you on a regular basis. For the first reference, please supply us with an emergency contact number. This will allow us to contact you through other people if the need arises.

EMERGENCY CONTACT NUMBER:

Name: _____ Telephone Number _____
Address: _____
Relationship: _____

OTHER PERSONAL REFERENCES:

#1

Name: _____ Telephone Number _____
Address: _____
Relationship: _____

#2

Name: _____ Telephone Number _____
Address: _____
Relationship: _____

#3

Name: _____ Telephone Number _____
Address: _____
Relationship: _____

#4

Name: _____ Telephone Number _____
Address: _____
Relationship: _____

#5

Name: _____ Telephone Number _____
Address: _____
Relationship: _____

#6

Name: _____ Telephone Number _____
Address: _____
Relationship: _____

#7

Name: _____ Telephone Number _____
Address: _____
Relationship: _____