



REEVES HARDWARE COMPANY

P.O. BOX 345
 CLAYTON, GA 30525
 PH 706-782-4253, FAX 706-782-3185

APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital, or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(PLEASE PRINT)

| | |
|------------------------------------|---------------------|
| Positions Applied For _____ | Date of Application |
|------------------------------------|---------------------|

Location(s) Preferred To Work

Clayton, GA
 Dillard, GA
 Highlands, NC
 Any Available

How did you learn about us?

Advertisement
 Friend
 Walk-In
 Employment Agency
 Relative
 Other _____

| | | |
|------------------|-------------------|--------------------|
| Last Name | First Name | Middle Name |
|------------------|-------------------|--------------------|

| | | | | |
|--------------------------|------------------------|------|-------|----------|
| Physical Address: | Street/Apt.-Name & No. | City | State | Zip Code |
|--------------------------|------------------------|------|-------|----------|

| | | | | |
|-------------------------|------------------------------------|------|-------|----------|
| Mailing Address: | <i>(If Different or if PO Box)</i> | City | State | Zip Code |
|-------------------------|------------------------------------|------|-------|----------|

| | | | |
|---------------|------|------|-------|
| Phone: | Home | Cell | Other |
|---------------|------|------|-------|

| | | | | |
|--------------------------------|--|--|--|--|
| Social Security Number: | | | | |
|--------------------------------|--|--|--|--|

| | | | |
|---------------------------|------|-----------|--------------|
| Emergency Contact: | Name | Phone No. | Relationship |
|---------------------------|------|-----------|--------------|

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

● If you are under 18 years of age, can you provide required proof of eligibility to work? Yes No

● Have you ever filed an application with us before? Yes No
If yes, give date _____

● Have you ever been employed with us before? Yes No
If yes, give date _____

● Are you currently employed? Yes No

● May we contact your present employer? Yes No
Company Name / City _____

Supervisor's Name _____ Phone _____

● Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
Proof of citizenship or immigration status will be required upon employment.

● On what date would you be available for work? _____

● Are you available to work: Full Time Part Time Shift Work Temporary

● Are you currently on "lay-off" status and subject to recall? Yes No

● Can you travel if a job requires it? Yes No

● Have you been convicted of a felony within the last 7 years? Yes No
Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain _____

EDUCATION

| | Elementary School | | | | | High School | | | | | Undergraduate College / University | | | | Graduate / Professional | | | |
|---|-------------------|---|---|---|---|-------------|----|----|----|---|------------------------------------|---|---|---|-------------------------|---|---|--|
| School Name and Location | | | | | | | | | | | | | | | | | | |
| Years Completed | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 1 | 2 | 3 | 4 | 1 | 2 | 3 | 4 | |
| Diploma / Degree | | | | | | | | | | | | | | | | | | |
| Describe Course of Study | | | | | | | | | | | | | | | | | | |
| Describe any specialized training, apprenticeship, skills, and extra-curricular activities. | | | | | | | | | | | | | | | | | | |
| Describe any honors you have received. | | | | | | | | | | | | | | | | | | |
| State any additional information you feel may be helpful to us in considering your application. | | | | | | | | | | | | | | | | | | |

Indicate any foreign languages you can speak, read and/or write.

| | FLUENT | GOOD | FAIR |
|-------|--------|------|------|
| SPEAK | | | |
| READ | | | |
| WRITE | | | |

List professional, trade, business or civic activities and offices held.
You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

REFERENCES

Give name, address, and phone number of three references who are not related to you and who are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States Military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of which the job for which you are applying? Yes No

EMPLOYMENT EXPERIENCE

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

| | | | | | |
|----|--------------------|------------|----------------|-------|----------------|
| 1. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Phone No.(s) | | Hourly Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |
| 2. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Phone No.(s) | | Hourly Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |
| 3. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Phone No.(s) | | Hourly Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |
| 4. | Employer | | Dates Employed | | Work Performed |
| | | | From | To | |
| | Address | | | | |
| | Phone No.(s) | | Hourly Salary | | |
| | | | Starting | Final | |
| | Job Title | Supervisor | | | |
| | Reason for Leaving | | | | |

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS and QUALIFICATIONS

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

**NOTICE and AUTHORIZATION
PRE-EMPLOYMENT INQUIRY RELEASE**

I hereby consent and authorize Equifax, PO Box 740241, Atlanta, Georgia 30374-0241, (800) 685-1111 to prepare a consumer report including but not limited to obtaining information as to my credit worthiness, credit standing, character, general reputation, credit capacity, personal characteristics, and mode of living. This report may include claims involving me in the files of insurance companies and involve personal interviews with sources such as neighbors, friends, associates, past employers, and educational institutions. Public records may be used in this report, such as civil and criminal records, driving records, liens, judgments, and bankruptcies that are deemed to have a bearing on my job performance.

I AUTHORIZE, WITHOUT RESERVATION, ANY PARTY OR AGENCY CONTACTED BY EQUIFAX, TO FURNISH THE ABOVE-MENTIONED INFORMATION.

Upon presentation of proper identification, I have the right to request the nature and substance of all information in your or your agent's files on me, including the sources of information. If hired (or contracted), this authorization shall remain on file and shall serve as ongoing authorization for you to procure consumer reports at any time during my employment (or contract period).

*****PLEASE PRINT CAREFULLY*****

Prospective Employer _____

Print Name (Applicant) _____

Maiden Name (or other names used by applicant) _____

Signature _____ Date _____

Address _____

Street No. / Name

Apt. No.

City _____ State _____ Zip Code _____

Social Security No. _____ Date of Birth(*) _____

Driver's License No. _____ State of Issue _____

() Date of birth is being requested only in order to verify identity and/or accurate retrieval of records.*

NOTICE TO APPLICANTS

GENERAL INFORMATION

We are an equal opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, age, disability, handicap, marital status, or any other basis protected by law. The opportunity for employment will be based solely upon your qualifications and ability to perform the job for which you are being considered. We also reasonably accommodate individuals with disabilities, handicaps, and bona fide religious beliefs.

We comply with the Americans With Disabilities Act of 1990. During the interview process, you may asked questions concerning your ability to perform job-related functions. You may also be required to complete a post-job offer medical history questionnaire and/or undergo a medical examination. Upon request, all entering employees in the same job category will be required to complete the same medical questionnaire and/or examination. All medical information will be kept in confidential files.

We also maintain a Drug-Free Workplace in accordance with all applicable State and Federal regulations, copies of which, together with the employer's Drug-Free Workplace Policy are available for inspection at all reasonable times by applicants or employees upon request.

PLEASE READ AND SIGN STATEMENTS BELOW

1. I understand that, if hired, I will be placed in a probationary status. I further understand that if I am terminated for unsatisfactory work performance within this probationary period, the employer may seek to deny any unemployment benefits I might attempt to obtain as a result of my termination.

_____ (Initial)

2. I understand that as a condition of my employment, I must take and pass a pre-employment urine and/or blood test at authorized threshold levels for any or all of the drugs or alcohol listed by the employer's Drug-Free Workplace Policy, a copy of which I may request for review prior to testing.

_____ (Initial)

3. I further understand, subject to confidentiality constraints and rights of appeal granted by State and Federal law, if the results of my pre-employment drug and/or alcohol tests are POSITIVE (indicating substance abuse) and are received by the employer prior to or within the probationary employment period, notwithstanding any other disciplinary provisions contained in the employer's Drug-Free Workplace Policy statement, I will be terminated for cause and the employer may seek to deny any unemployment benefits I might attempt to obtain.

_____ (Initial)

4. I understand and agree that all policies, prodecures, whether written, published, or orally communicated by the employer may be modified, amended, or deleted by the employer with or without notice to me of such change(s); that the employer's policies and procedures are not intended to be a contract of employment nor do they give me a right of continued employment; and if hired, my employment may be terminated at my option or at the option of my employer with or without prior notice to either party. I also agree there are no other written or oral arrangements, agreements, or understandings regarding the terms of my employment and that any amendments or exceptions to this statement must be in writing and signed by a person(s) duly authorized by the employer.

_____ (Initial)

5. I certify that all information given to the employer by me in the form of an employment application, résumé, or related papers, or answers given by me dring oral interviews, are true and correct. I understand the employer may conduct a thorough investigation of my past work and personal history, I authorize the giving and receiving of any such information requested by the employer in the course of such investigation and hereby release from liability all persons who provide such information to the employer. I understand that falsificaton or any derogatory information discovered as a result of investigation may subject me to immediate dismissal for cause and the employer may seek to deny unemployment benefits as a result of my termination.

_____ (Initial)

Applicant **Printed Name**

Date

Applicant **Signature**

Witness **Printed Name**

Date

Witness **Signature**