

Randall Manufacturing, LLC Application for Employment

PERSONAL INFORMATION

Last Name		Fist Name		M.I.	Soc. Sec. No.	
Street Address			City		State	Zip Code
Home Phone	Mobile Phone	Personal Email Address				
Are You 18 Years or Older? (please circle) Yes No						

EMERGENCY CONTACT(S)

Last Name		Fist Name		Relationship	
Phone	Email Address				
Last Name		Fist Name		Relationship	
Phone	Email Address				

DESIRED EMPLOYMENT

Position Applying For?		Date You Can Start?	Salary (Hourly Rate) Requirements	
Are You Currently Employed? (please circle) Yes No		May We Contact Your Present Employer? Yes No		
Have You Previously Applied for a Position with Randall Manufacturing, LLC? Yes No		If "Yes", When?		
Have You Previously been Employed by Randall Manufacturing, LLC Yes No		If "Yes", When?		
How did You Learn of this Position? Agency Online Newspaper Randall Employee Walk-In Other				

EDUCATION

Level	Name and Location of School	# of Years Attended	Did you Graduate?	Degree or Emphasis
Grammar			Yes No	
High School			Yes No	
College			Yes No	
Other			Yes No	
Special Training				
Special Skills				

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FORMER EMPLOYERS (list prior three (3) Employers, beginning with most recent)

Current or Most Recent Employer			
Street Address		City	State Zip Code
Starting Date	Departure Date	Position Title	Annual Salary
May We Contact Your Supervisor? (please circle) Yes No	Supervisor Name & Title		Supervisor Phone
Description of Duties & Responsibilities			
Reason(s) for Leaving			

Prior Employer			
Street Address		City	State Zip Code
Starting Date	Departure Date	Position Title	Annual Salary
May We Contact Your Supervisor? (please circle) Yes No	Supervisor Name & Title		Supervisor Phone
Description of Duties & Responsibilities			
Reason(s) for Leaving			

Prior Employer			
Street Address		City	State Zip Code
Starting Date	Departure Date	Position Title	Annual Salary
May We Contact Your Supervisor? (please circle) Yes No	Supervisor Name & Title		Supervisor Phone
Description of Duties & Responsibilities			
Reason(s) for Leaving			

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REFERENCES (list the names three (3) persons you are not related to, whom you have known at least one (1) year)

Name	Phone Number	Relationship	Years Acquainted

SERVICE RECORD

Branch of Service	Discharge Date	Rank

FELONY CONVICTION

Have You Been Convicted of a Felony within the Last 5 Year? (please circle) <div style="display: flex; justify-content: space-around; margin-top: 5px;"> Yes No </div>
If "Yes", Please Explain (will not necessarily exclude you from employment consideration)

AUTHORIZATION

I certify that the facts contained within this Application are true and complete to the best of my knowledge and understand that , if employed, falsified statements on this Application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release Randall Manufacturing, LLC, and its third-party background check firm, from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of Randall Manufacturing, LLC has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized Randall Manufacturing, LLC representative

Signature

Date