



CONFIDENTIAL APPLICATION FOR EMPLOYMENT

Claxton Cold Storage, appreciates your interest in our organization and assures you we are interested in your qualifications. We do not discriminate on the basis of, and we offer equal opportunity in hiring and employment without regard to, race, color, religion, sex, national origin, age, disability, status as a disabled veteran or a veteran of the Vietnam era, and any other characteristic protected by federal, state or local law, except where age and sex are essential bona fide occupational requirements or where disability is a bona fide occupational disqualification. No question on this application is intended to secure information to be used for such discrimination. Only completed applications will be considered. **Claxton Cold Storage reserves the right to perform a pre-hire drug screen on all applicants.**

Please Print

Date of Application _____

Please use ink only- no pencil. Answer each question so your qualifications can be given every consideration				For Office Use ONLY
Last Name	First Name	Middle Init	Social Security Number	
Address	City	State	Zip	
Home Phone: e-mail address?:	Cell Phone:	Position(s) Applied for:		
Please circle the shifts you are willing to work. (note: Team members may be asked to work overtime unexpectedly)				
1st shift	2nd shift	Weekends	Are you willing to work overtime? Yes ___ No ___	
Weekly/Salary Requirements? _____				
Have you ever been employed with Claxton Cold Storage? Yes ___ No ___ When? _____				
By What Name? _____				
Have you filed an application with Claxton Cold Storage before? Yes ___ No ___ What Year? _____				
If yes, by what name? _____				
What Position Did you Apply for? _____				
Did you Interview? Yes ___ No ___ Job Offered? Yes ___ No ___				
Do you family/friends currently working at Claxton Cold Storage? Yes ___ No ___			If yes, list name(s):	Application Active Until _____
Who referred you to Claxton Cold Storage? _____				
Miscellaneous Information				
(Eligibility under laws related to visa status is required before employment)				
Can you provide proof, if hired, that you are legally eligible to work in the United States? Yes ___ No ___				
Have you ever been convicted of a felony?(Conviction of a crime does not necessarily exclude a candidate from employment) Yes ___ No ___ If yes, please explain: _____				
Are you willing to submit to a physical exam, including drug screen? Yes ___ No ___				
Are you able to provide your own transportation to and from work? Yes ___ No ___				
Educational & Vocational				
Circle Highest Grade Completed: (5) (6) (7) (8) (9) (10) (11) (12) College: (1) (2) (3) (4) Grad: (1) (2) (3) (4) GED? Yes ___ No ___				
Major: _____				
School Name and Location: _____				
What Degree Completed: _____				
Vocational Training: Yes ___ No ___ Number of Years: _____				
Area of Training: _____				
List any Special Skills or Certifications: _____				

Employment History		List all jobs held. Start with your present or last job. Include military service assignments. Even if you submit a resume, please fill out this section.				
#1 Current or most recent employer		Final position	Pay Rate	Hrs. per wk	Date last worked	
Address		Starting position	Pay Rate	Hrs. per wk	Date started work	
City State, Zip		Reason for leaving		Duties/Responsibilities of final position		
Phone Number ()	Supervisor	May we contact? Yes ____ No ____ Initial ____				
#2 Current or most recent employer		Final position	Pay Rate	Hrs. per week	Date last worked	
Address		Starting position	Pay Rate	Hrs. per week	Date started work	
City State, Zip		Reason for leaving		Duties/Responsibilities of final position		
Phone Number ()	Supervisor	May we contact? Yes ____ No ____ Initial ____				
#3 Current or most recent employer		Final position	Pay Rate	Hrs. per week	Date last worked	
Address		Starting position	Pay Rate	Hrs. per week	Date started work	
City State, Zip		Reason for leaving		Duties/Responsibilities of final position		
Phone Number ()	Supervisor	May we contact? Yes ____ No ____ Initial ____				
Personal Reference: _____						
Address: _____ Phone #: _____						

For Office use Only
 References checked? Yes _____ No _____

STATEMENT OF UNDERSTAND AND AGREEMENT: I understand that the use of this application form does not indicate there are any positions open and does not in any way obligate Claxton Cold Storage. I understand that, if hired, (a) I am required to abide by all policies and procedures of the Company; (b) the employment relationship between me and the Company has no specific term and is terminable at-will either by me or the Company, both during and after the 60-day new hire period; (c) dress, hair, and general conduct standards may be more strict here than other places of employment. The at-will employment relationship can only be modified in writing signed by the President of the Company. Other than the President, no manager, supervisor or representative of the Company has authority to enter into any agreement for employment for any specific period of time, or to make any agreement requested. I am willing to take a physical examination and/or drug screen if required to do so.

I certify that the information I have given on this application is true and complete. I understand that in the event of employment any false or misleading information given in my application or interview(s) may be cause for immediate dismissal without further notice. I hereby release from all liability or responsibility all persons, schools, hospitals, corporations, governmental agencies, or other organizations furnishing information regarding my personal, employment or medical history, and hereby authorize the release of any such information, including law enforcement records. Claxton Cold Storage is not required to inform me of the specific reasons why either favorable or unfavorable action on my application has been made.

I have read and I understand this Statement of Understanding and Agreement.

Signature

Date

*** WE ARE AN EQUAL OPPORTUNITY EMPLOYER ***

AFFIRMATIVE ACTION SURVEY

The Federal Government under Executive Order 11246 requires the corporation to report gender and race/ethnic origin of applicants for employment. As an employer/government contractor, we comply with government regulations and affirmative action responsibilities. Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. Submission of information is voluntary, and failure to provide it will not subject you to any adverse treatment. This data is periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

Your cooperation is appreciated!

PERSONAL INFORMATION

Last Name: _____

First Name: _____

M.I.: _____

Date: _____

PLEASE CHECK ALL THAT APPLY (One from each column)

Race or Ethnic Identity	Gender	** Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)		<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino)		<input type="checkbox"/> Other Protected Veteran
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		<input type="checkbox"/> No Veteran Status
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		
<input type="checkbox"/> I do not wish to Self-Identify		

Signature

Date