

Application for Employment

Please print when filling out this form for employment consideration.

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, or handicap. We are an equal opportunity employer.

Personal Information

Last Name _____ Middle Name _____

First Name _____ Date _____

Address _____

City, State, Zip _____ How long at present address?

Months _____ Years _____

Phone Number _____ Email _____

Are you over 18 years of age? Yes/No Social Security No. _____

How did you learn of our business? _____

Are you legally eligible for employment in the United States Yes/No

Have you ever been convicted of a felony or misdemeanor? Yes/No (If yes, please explain)

Have you ever been dismissed or asked to resign from a position? Yes/No (If yes, please explain)

Are you employed now? Yes/No If yes, may we inquire of your present employer? Yes/No

Are there any reasons you might not be able to perform the job duties? Yes No (If yes, please explain) _____

Driver's License # _____ State _____ Any Violations? Yes/No

Education

School	Name and Location	Course of Study	# of years	Graduate?	Degree or Diploma
High School				Yes No	
Trade School				Yes No	
College				Yes No	
Other				Yes No	

Employment History

Which previous job did you like the best?

What did you like most about this job?

Please list any special skills you have.

Please list anything else you would like us to know (Optional).

References

Name	Phone Number	Relationship	Years Known

The information provided in this application for employment is true, correct, and complete. If employed any misstatements or omissions of fact on this application may result in my dismissal. I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future. I agree that my employment and compensation can be terminated with or without cause, and with or without notice, at any time by either my or the company's option. I understand and agree that the terms and conditions of my employment may be changed with or without cause, and with or without notice at any time by the company. If you decide to engage an investigative consumer reporting agency to report on my personal history, I authorize you to do so.

Date_____

Signature_____

Please complete and return this application to:

Circle Supply, Inc.
Attn: Human Resources
1725 West State Road 28
Frankfort, IN 46041

Phone (765) 659-4641
Fax (765) 659-2068