

PELICAN

Application for Employment

This application must be filled in its entirety

PERSONAL DATA

(LAST)	(FIRST)	(MIDDLE)	SOCIAL SECURITY NUMBER	DATE OF APPLICATION / /
Present Address (Street) (City) (State) (Zip Code)				Home Phone Number ()
Permanent Address (if different) (Street) (City) (State) (Zip Code)				Other Phone Number ()

NOTE: Discrimination on Basis of Age or place of Birth is prohibited by law

Are you over 17? ☐ Yes ☐ No Are you a citizen of the United States? ☐ Yes ☐ No If not a citizen can you after employment submit verification of your legal right to work in the United States? ☐ Yes ☐ No

Do you have transportation that will assure you attend work punctually?

Other than a minor traffic violation have you ever been convicted of a criminal offense?

☐ Yes ☐ No If yes, state —> Date Place Charge

In case of emergency, notify:
Name

Address

Telephone No:

EDUCATIONAL BACKGROUND

School Name	Address	Course of Study Commercial/Academic	From Mo / Yr	To Mo / Yr	Did you Graduate	Diploma Received
High School						
Business/Technical School						
College(s)						
College(s)						

Are you studying at the present time? Yes ☐ No ☐

IF YES—> What ————— Where ————— When —————

WORK DESIRED

Position Applied For _____

Type of employment desired:

Date Available to Start _____

1. Regular: Full Time ☐ Part Time ☐

Wage Requirements \$ _____

2. Temporary: Full Time ☐ Part Time ☐

Will you be willing to relocate if necessary? Yes ☐ No ☐

3. If Part Time, what days/hours? ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

Day ☐ Evening ☐

From _____ To _____

Are you available to:

Work Saturday? Yes ☐ No ☐

Work Overtime? Yes ☐ No ☐

Work Sunday? Yes ☐ No ☐

Travel? Yes ☐ No ☐

Referred by: (After appropriate category, list how you were referred)

☐ Advertisement: _____ Date _____ Newspaper or Station _____

☐ Agency _____ ☐ College _____

☐ Employee (Name) _____ ☐ Walk-In _____

☐ Other _____

Did you complete this application with assistance of another person ? Yes ☐ No ☐

Have you ever been employed by Pelican ? Yes ☐ No ☐

If so: From _____ To _____ Location: _____ Position held: _____

Name of friends or relatives employed by Pelican ?

Name _____ Relationship _____ Location _____

Name _____ Relationship _____ Location _____

ADDITIONAL SKILLS

Please include :

1. Specific Business skills (i.e. typing, steno etc.) _____

2. Specific machines or equipment you have operated _____

For drivers or field service people

3. Drivers license # and Class _____ Number of moving violations _____

5. Other skills _____

PHYSICAL

Any offer of employment is contingent upon meeting job related medical criteria

NOTE: Discrimination on basis of handicap is prohibited by law.

Do you have any handicap, disability, or health problem, including allergies, which will affect your ability to perform the job for which you are applying? Yes ☐ No ☐ If yes, please indicate what can be done to accommodate your limitations:

EMPLOYMENT

Begin with your present job and list previous jobs in reverse chronological order. Give all information requested below, even if duplicated on your resume. Please give complete full time and part time employment record.

If employed under another name, indicate that name.

Indicate by number any employer you do not authorize us to contact.

1	Company	From / / To / /	Job Title(s)
	Type of Business	Total time worked	
	Street	Base Rate/Salary	
	City, State	Start End \$ \$	Job Duties
	Phone	Reason for leaving	
	Supervisor's Name		
	Supervisor's Title		
2	Company	From / / To / /	Job Title(s)
	Type of Business	Total time worked	
	Street	Base Rate/Salary	
	City, State	Start End \$ \$	Job Duties
	Phone	Reason for leaving	
	Supervisor's Name		
	Supervisor's Title		
3	Company	From / / To / /	Job Title(s)
	Type of Business	Total time worked	
	Street	Base Rate/Salary	
	City, State	Start End \$ \$	Job Duties
	Phone	Reason for leaving	
	Supervisor's Name		
	Supervisor's Title		

Professional/Business Reference- Please list two references that know of your work abilities or ability to handle responsibilities

Name	Occupation	Address	Phone ()
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1.	_____	_____	_____
	_____	_____	_____
2.	_____	_____	_____
	_____	_____	_____

MILITARY

Branch of U.S. military Service:

From / / To / /

Total length []

Rank at discharge:

Present Military Status:

Reserve Status Active ☐ Inactive ☐

AFFIDAVIT

I authorize Pelican to obtain information on record or otherwise concerning me from employers and others named above, including but not limited to past performance, dates of employment, salary, reason for separation and medical and attendance history. I will release and hold harmless all concerned from any liability or damages incurred in connection therewith.

If employed by Pelican, I understand that my employment is subject to; 1. A trial basis for a period not exceeding six months. 2. The policies and regulations of the company. 3. Submitting documentary proof of U.S. citizenship or alien status if required. 4. The company shall have the right, at any time after my termination, to furnish information to others regarding employment with Pelican, including the information contained in this application. Also, my status will be that of an employee at will, which means that I have no contractual right, expressed or implied, to remain in Pelican's employ. I in turn resign upon providing appropriate notice at any time.

I further understand that any false or misleading statements thereto will be sufficient grounds for immediate discharge.

I have read and understand the above statements.

Applicant's Signature

Date

PLEASE DO NOT WRITE BELOW THIS LINE

Verification by	Employer	Person Contacted	Results
	1		
	2		
	3		

Educational Verification by

Start Date Salary Location

Position Work Schedule

PERSONNEL SIGNATURE DATE

Interviewed by

All who participated