



NOTICE TO APPLICANTS AND EMPLOYEES

Screening tests for illegal drug use may be required before hiring and during your employment here.

APPLICATION FOR EMPLOYMENT

Allmand Bros., Inc.
1502 West 4th Avenue
P.O. Box 888
Holdrege, NE 68949

Applicant to complete all information requested. PLEASE PRINT.

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other protected class status.

Date: _____

Name: _____
 First Middle Last

Present Address: _____
 Street City State Zip

Previous Address: _____
 Street City State Zip

Telephone Number: _____

Do you have a legal right to be employed in the United States? Yes (Proof Required) No

Are you over the age of 18? Yes No

Are you willing to work night shift? Yes No

COMPANY EXPERIENCE

Have you worked for this company before? Yes / No If yes, please complete the following:

Dates: From _____ to _____ Position: _____ Rate of Pay: _____
 Month/Year Month/Year

Reason for leaving _____

GENERAL

Are you currently employed? If not, when was you last day employed? _____

Position applying for _____ Full Time Part Time Temporary Seasonal

Who referred you? _____ Rate of pay expected _____

EDUCATIONAL BACKGROUND

Type of School	Name & City	Degree/Certificate Obtained	Course or Major
College			
Technical School			
Other			

LIST ALL PRESENT and PAST EMPLOYMENT BEGINNING WITH MOST RECENT

1	Company Name	Dates Worked (From Month/Year to Month/Year)
	Address City State Zip	Positions Held
	Telephone No.	Duties/Responsibilities
	Type of Business	Hours Worked
	Supervisor's Name	Reason for Leaving
2	Company Name	Dates Worked (From Month/Year to Month/Year)
	Address City State Zip	Positions Held
	Telephone No.	Duties/Responsibilities
	Type of Business	Hours Worked
	Supervisor's Name	Reason for Leaving
3	Company Name	Dates Worked (From Month/Year to Month/Year)
	Address City State Zip	Positions Held
	Telephone No.	Duties/Responsibilities
	Type of Business	Hours Worked
	Supervisor's Name	Reason for Leaving
4	Company Name	Dates Worked (From Month/Year to Month/Year)
	Address City State Zip	Positions Held
	Telephone No.	Duties/Responsibilities
	Type of Business	Hours Worked
	Supervisor's Name	Reason for Leaving
5	Company Name	Dates Worked (From Month/Year to Month/Year)
	Address City State Zip	Positions Held
	Telephone No.	Duties/Responsibilities
	Type of Business	Hours Worked
	Supervisor's Name	Reason for Leaving

WORK REFERENCES

1	Name	Years Known
	Company	Relationship & Title
	Company Address	Work Telephone Number
	Company City State Zip	Home Telephone Number
2	Name	Years Known
	Company	Relationship & Title
	Company Address	Work Telephone Number
	Company City State Zip	Home Telephone Number
3	Name	Years Known
	Company	Relationship & Title
	Company Address	Work Telephone Number
	Company City State Zip	Home Telephone Number
4	Name	Years Known
	Company	Relationship & Title
	Company Address	Work Telephone Number
	Company City State Zip	Home Telephone Number
5	Name	Years Known
	Company	Relationship & Title
	Company Address	Work Telephone Number
	Company City State Zip	Home Telephone Number

PERSONAL REFERENCES

1	Name	Years Known
	Address City State Zip	Relationship
	Telephone No.	Home Telephone Number
	City State Zip	Work Telephone Number
2	Name	Years Known
	Address City State Zip	Relationship
	Telephone No.	Home Telephone Number
	City State Zip	Work Telephone Number

SPECIAL SKILLS

Please check the skills for which you have received training:

- | | | |
|---|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Word Processing, ___ wpm | <input type="checkbox"/> Excel | <input type="checkbox"/> Great Plains |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> Solidworks |
| <input type="checkbox"/> 10 Key Calculator | <input type="checkbox"/> Access | <input type="checkbox"/> Photo Shop |
| <input type="checkbox"/> Microsoft Work | <input type="checkbox"/> Publisher | |

Programming Languages: _____

Database: _____

I have experience with or am familiar with the following manufacturing equipment:

Computer repair

Computer Networking

Other: _____

APPLICANT MUST READ and SIGN

I certify that I have read and understood all of this employment application. It is agreed and understood that the employer or his agents may investigate my background to ascertain any and all information of concern to my employment history, whether same is of record or not, and I release employers and other persons named herein from all liability for any damages on account of furnishing such information. I understand that, as an applicant for a position with this company, I may be asked to demonstrate that I am capable of performing tasks which are pertinent to the job. I also understand that if offered a job, it may be conditioned on the results of a physical examination and drug test.

I agree to furnish such additional information and complete such examinations as may be required to complete my employment file.

I also understand that misrepresentation or omission of information or facts may result in my rejection or dismissal.

If hired, I agree to abide by all the rules and policies of the employer.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

APPLICANT SIGNATURE

DATE