



Employment Application

PERSONAL

| | | | | |
|---|--|-------------|---------------|-----------------------|
| Last Name: | | First Name: | | Middle: |
| Present Address: (Street & No.) | | (City) | (State & Zip) | (Phone) |
| Permanent Address: (If Other Than Above) | | (City) | (State & Zip) | (Phone) |
| Specify position applying for: | | | Email: | |
| Have you ever applied at Pete Pappas & Sons, Inc. before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | If yes, date applied: |
| Are you at least 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you willing to travel? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Are you a U.S. Citizen or otherwise legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of employability will be required if you are hired.</i> | | | | |
| If you have used another name while employed, please indicate: | | | | |
| Last: | | First: | | Middle: |
| Have you ever been discharged or forced to resign for misconduct or unsatisfactory performance from any company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, state details: | | | | |

MILITARY RECORD

| | | | | |
|--|------|----|---------------|-------------------|
| Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Branch Served | From | To | Entering Rank | Rank at Discharge |
| What were your duties in the service? (Include specialized armed service training.) | | | | |

EDUCATION

| Name of School | Location | Course or Major, Minor Subjects | Grade Avg. | Did you Graduate? |
|--|----------|---------------------------------|------------|--|
| High School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Business or Trade School | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| College | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Graduate | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If no degree has been obtained, enter number of credits completed. Indicate if continuing. | | | | |

Pete Pappas & Sons, Inc. provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws.



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PREVIOUS EMPLOYMENT

Give complete employment record—starting with present or last employer—include reason for lapses if any.

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|--|---------|--------------------------|--|-----------------|
| We will not contact your current employer in any event for reference checks. | | | | |
| Name of Employer/Type of Business: | | Address: | | Period Employed |
| | | Phone: | | From: Mo/Yr |
| | | | | To: Mo/Yr |
| Reason for Leaving: | | | | |
| Description of Duties: | | | | |
| Your Job Title: | | | Name and Title of Immediate Supervisor: | |
| | | | | |
| Name of Employer/Type of Business: | | Address: | | Period Employed |
| | | Phone: | | From: Mo/Yr |
| | | | | To: Mo/Yr |
| Reason for Leaving: | | | | |
| Description of Duties: | | | | |
| Your Job Title: | | | Name and Title of Immediate Supervisor: | |
| | | | | |
| Name of Employer/Type of Business: | | Address: | | Period Employed |
| | | Phone: | | From: Mo/Yr |
| | | | | To: Mo/Yr |
| Reason for Leaving: | | | | |
| Description of Duties: | | | | |
| Your Job Title: | | | Name and Title of Immediate Supervisor: | |
| | | | | |
| Name of Employer/Type of Business: | | Address: | | Period Employed |
| | | Phone: | | From: Mo/Yr |
| | | | | To: Mo/Yr |
| Reason for Leaving: | | | | |
| Description of Duties: | | | | |
| Your Job Title: | | | Name and Title of Immediate Supervisor: | |
| | | | | |
| Other Employers | Address | Job Title | From: Mo. / Yr. | To: Mo. / Yr. |
| | | | | |
| | | | | |
| If now employed, why do you desire to change? | | Salary or Rate Expected: | <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Hourly | |
| | | \$ | | |

GENERAL

| | | | |
|--|--|--|--|
| Are you available to work nights? ___ Yes ___ No | | Are you available to work weekends? ___ Yes ___ No | |
|--|--|--|--|

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Employment Application

Give three (3) references (at least one (1) but preferably two (2) prior supervisors/managers) – Current employers will NOT be contacted for purposes of reference checking.

| Name | Address | Business Phone | Occupation |
|------|---------|----------------|------------|
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| | | | |

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that my answers to the foregoing questions are true and correct. I understand that misrepresentation, false statements, or any kind of omissions of facts called for on this application or any employment related document may be cause for rejection, or may be cause for subsequent dismissal if I am hired.

I hereby authorize all of my prior employers, the officials of all schools which I have attended or been associated with, any person named above on this application form, and all public officials, to verify the accuracy of the information provided on this application and to obtain reference information on my work and academic performance to any representative authorized by this Company to receive such information on its behalf. I hereby release employees, owners, or other agents from any and all liability for any damage whatsoever which might result from their reviewing or publishing this information.

If employed by this Company, I acknowledge that I am bound by the Company Work Rules, Company Policies and Safe Working and Operating Rules adopted and as amended from time to time by the Company and agree to fully comply with same.

In consideration of my employment, I agree to conform to the rules and regulations of the Company, and that my employment and compensation may be terminated, with or without cause, and with or without notice, at any time, at the option of either the Company or myself. I understand that no representative of the Company has authority to enter into an agreement with me for employment for any specified period of time, or to make any agreement with me contrary to the foregoing.

I understand that this application will remain active only for 30 days. After such time, I will have to fill out a new application if I desire employment.

Signature of Applicant & Date