Kamiah, Kooskia, Grangeville, Cottonwood, and Weippe



Cloninger’s INC. Employment Application

## Application information

# Please Fully complete each section that Applies

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | | |  | Date: |  |  |
|  |  | Last | First | | M.I. |  |  |  |  |
| Address: |  |  | | | |  | Phone: |  |  |
|  |  | Street address | | | Apt/Unit # |  |  |  |  |
|  |  |  | | | |  | Email: |  |  |
|  |  | City | | State | Zip Code |  |  |  |  |

Date of Birth:

Date of Birth:

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date Available: |  |  | | |  | S.S. no: |  |  |  | Desired salary: |  | $ |
|  | | |  |  | | | | | | | | |
| Position applied for: | | |  |  | | | | | | | | |

|  |  |  |
| --- | --- | --- |
| Location applied for: |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Are you a citizen of the United States? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| If no, are you authorized to work in the U.S.? | | |  | Yes | No |  |  | | |
|  |  |  | | | | | | | |
| Have you ever worked for this company? | | |  | Yes | No |  | If yes, when? |  |  |
|  |  |  | | | | | | | |
| Have you ever been convicted of a felony? | | |  | Yes | No |  | If yes, explain? |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Can you work weekends? |  | Yes | No |  | If no, explain? |  |  |
| Can you work holidays? |  | Yes | No |  | If no, explain? |  |  |

|  |  |  |
| --- | --- | --- |
| Personal Hobbies: |  |  |

|  |  |  |
| --- | --- | --- |
| Any relatives that work for the company currently or in the past? |  |  |

## Education

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| High school: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Diploma: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| College: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| Other: | | |  |  | | | | | | | | |  | Address: |  |  | | | | | | |
|  | | | | |  |  | | | | | | | | | | | | | | | | |
| From: |  |  | | | | |  | To: |  |  |  | Did you graduate? | | | | | Yes | No |  | Degree: |  |  |

**References**

Please list three professional references.

If applicable:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Full name: |  |  | | |  | Relationship: |  |  |
|  | | |  |  | | | | |
| Company: |  |  | | |  | Phone: |  |  |
|  | | |  |  | | | | |
| Address: |  |  | | |  | Email: |  |  |

## Previous Employment

**1.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

**2.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

**3.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company: |  |  | | | | |  | Phone: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Address: |  |  | | | | |  | Supervisor: |  |  | | | | |
|  | | |  |  | | | | | | | | | | |
| Job title: |  |  | | | | |  | From: |  |  |  | To: |  |  |
|  | | |  |  | | | | | | | | | | |
| Responsibilities: | | |  |  | | | | | | | | | | |
|  | | |  |  | | | | | | | | | | |
| May we contact your previous supervisor for a reference? | | | | |  |  | | Yes |  | No | | | | |

## Military Service

If Applicable:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Branch: |  |  | | | | | | | | |  | From: |  |  |  | To: |  |  |
|  | | | |  | |  | | | | | | | | | | | | |
| Rank at discharge: | | |  | |  | | | |  | Type of discharge: | | |  |  | | | | |
|  | | | |  | |  | | | | | | | | | | | | |
| If other than honorable, explain: | | | | | | |  |  | | | | | | | | | | |

**Current Health Disclosure**

Applicants physical or mental conditions will not necessarily bar them from employment.

I am applying for a position as a and have been told that this job requires the following requirements

Based on your view of the job description or the description of physical requirements provided, do you have any health conditions which would prevent you from preforming all of the duties for this job?

Explain any limitations, either physical or mental, that would affect your performance on the job for which you are applying?

Please Answer Yes or No to the Following:

Feel free to add or explain anything in the open space below

* A head or spinal injury
* Convulsions (seizures-epilepsy)
* Color blindness
* Corrective vision problems
* Emphysema
* Asthma
* Diabetes
* Impaired hearing
* High blood pressure
* Foot pain
* Knee problems
* Knee surgery or treatment
* Back problems

## \*Qualified applicants will receive consideration for employment without discrimination regardless of race, color, religion, age, sex, original origin, marital status, disability, Vietnam Era and disabled veterans, sexual orientation, and gender identity. \*

## Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |