

EMPLOYMENT APPLICATION

Shannan Pallet Company, LLC
Shawn Shannan Manufacturing Company, LLC

25980 Main Street Granger, Missouri 63442 (660)945-3811 Fax 945-3009

Date _____ 20__

Name _____ SSN _____ - _____ - _____
Address _____ Phone(____) _____ - _____
City _____ State _____ Zip _____
Age _____ DOB _____ - _____ - _____ Cell Phone(____) _____ - _____

Last Two Employers:

Company _____
Address _____
Phone(____) _____ - _____ Dates Employed ____ - ____ - ____ to ____ - ____ - ____
Supervisor _____ Reason No Longer Employed _____

Company _____
Address _____
Phone(____) _____ - _____ Dates Employed ____ - ____ - ____ to ____ - ____ - ____
Supervisor _____ Reason No Longer Employed _____

Do You Have?

(Must have one picture ID and SS card or Birth Cert.)

Driver's License or picture ID Y__ N__

SS Card or Birth Cert. Y__ N__

Other ID? _____

Are you currently enrolled in school? Y__ N__

Do you have a high school diploma or GED? Y__ N__

If not, what was highest grade completed? _____

Do you have any college or technical school education? Y__ N__

If so what degree or certificate do you have? _____

Note. If you check no on any of the boxes above, please speak to Linda or Shawn before you leave.

Comments

(Please list any reason you know of that you would need to miss work if hired, i.e., court, probation meetings, Dr. appts, etc.)

I UNDERSTAND THAT THESE COMPANIES ARE A DRUG & ALCOHOL-FREE WORKPLACE AND I MAY BE SUBJECT TO PRE-EMPLOYMENT, POST ACCIDENT, RANDOM, AND SUSPICION-OF-USE DRUG AND/OR ALCOHOL TESTS. I AUTHORIZE THE SHANNAN COMPANIES TO OBTAIN BACKGROUND INFORMATION AND EMPLOYMENT INFORMATION FROM FORMER EMPLOYERS.

X _____ DATE _____ 20__

We are an equal opportunity employer, and we do not and will not discriminate based on race, religion, national origin, sex, age, handicap, marital status, or status as a disabled veteran. Information provided on this application will not be used for any discriminatory purpose.

SHANNAN PALLET CO, LLC
SHAWN SHANNAN MFG. CO, LLC
29580 MAIN STREET GRANGER, MO 63442

MODIFIED-DUTY POLICY

SHANNAN COMPANIES' workers' compensation program has several distinct goals

1. To provide employees with prompt, high-quality care for their work-related injuries.
2. To compensate workers during the time they are disabled and unable to work.
3. To return injured employees to full duty in the work force as soon as possible.

To help us achieve these goals, we have instituted a modified-duty policy. Modified duty is temporary (usually no longer than 45 days). It is a process that provides wages for an injured employee during recovery.

Procedure:

If you are injured on the job, the following procedures will be used:

1. See your supervisor. If necessary, you will be sent to our medical provider for treatment.
2. The Accident Reporting and Treatment (ART) Form will be filled out; by signing the form promptly, you will ensure that there are no delays in payment of indemnity wages, if needed.
3. The medical provider will identify any injury-related restrictions: for example, limits on the amount you can lift or pull, limits on motion, etc.
4. If work is available within the restrictions specified by the doctor, you will be offered *an* appropriate modified-duty position. Your physical restrictions will be reviewed weekly (or as required) to ensure progress toward return to full duty.

Signature: _____

I have received, read, and agree to the document entitled "Employment Policies" that outlines our pay, work schedule, attendance, discipline, and other policies. (09/03/2022 update)

Signature: _____

Print Name: _____

Date: _____ **20** _____

(This page to be signed after interview.)