



APPLICATION FOR EMPLOYMENT

Locke Supply Co. is an Equal Opportunity Employer. It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, gender, religion, national origin, disability, or other protected classification.

Check (✓) Appropriate Boxes

✎ Please Print

DATE OF APPLICATION:		POSITION(S) APPLYING FOR: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
NAME: FIRST MIDDLE LAST			SOCIAL SECURITY NUMBER:		
PREFERRED NAME (Nickname)		HOME PHONE NUMBER:		CELL PHONE NUMBER:	
PRESENT ADDRESS:		CITY	STATE	ZIP	YEARS AT THIS ADDRESS
PREVIOUS ADDRESS:		CITY	STATE	ZIP	YEARS AT THIS ADDRESS
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO			LIST ANY RELATIVES WORKING FOR LOCKE SUPPLY:		
ARE YOU LEGALLY REQUIRED TO PRESENT PROOF OF ELIGIBILITY WITHIN 72 HOURS OF EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO			LIST ANY FRIENDS WORKING FOR LOCKE SUPPLY:		

DO YOU HAVE A VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF BIRTH:	
IF YES, WHICH STATE? LICENSE NUMBER:		(month/day/year)	
IF HIRED, WHEN COULD YOU START WORK?		HAVE YOU PREVIOUSLY APPLIED AT LOCKE SUPPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN? _____	
		HAVE YOU EVER BEEN EMPLOYED BY LOCKE SUPPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE GIVE DATES OF EMPLOYMENT _____	
HAVE YOU EVER BEEN CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION FOR OR PLED GUILTY OR "NO CONTEST" TO A FELONY? (CONVICTION OF A FELONY WILL NOT NECESSARILY BAR EMPLOYMENT) <input type="checkbox"/> YES IF YES, WHAT CRIME AND WHERE AND WHEN DID IT TAKE PLACE: <input type="checkbox"/> NO			

EDUCATION/SKILLS

TYPE OF SCHOOL	NAME AND LOCATION	DID YOU GRADUATE?		TYPE OF DEGREE/ COURSE OF STUDY
		YES	NO	
HIGH SCHOOL				
2-YEAR COLLEGE OR TECH				
4-YEAR COLLEGE OR UNIVERSITY				
OTHER EDUCATION/ CERTIFICATIONS				
SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER TRAINING. ALSO STATE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE HELPFUL TO US IN CONSIDERING YOUR APPLICATION.				

EMPLOYMENT EXPERIENCE

LIST LAST EMPLOYER FIRST, INCLUDE MILITARY EXPERIENCE AND EXPLAIN ANY UNEMPLOYMENT OVER 30 DAYS (PLEASE **DO NOT** REFERENCE RESUME).

PERIOD OF UNEMPLOYMENT: FROM: TO:		HOW DID YOU SPEND THIS TIME?			
EMPLOYER'S NAME:		DATES OF EMPLOYMENT			TITLE/ DUTIES
		MONTH	YEAR	EARNINGS	
ADDRESS:	FROM			\$ PER	REASON FOR LEAVING
TELEPHONE NUMBER:	TO			\$ PER	
PERSON TO CONTACT:		NAME OF IMMEDIATE SUPERVISOR?			
PERIOD OF UNEMPLOYMENT: FROM: TO:		HOW DID YOU SPEND THIS TIME?			
EMPLOYER'S NAME:		DATES OF EMPLOYMENT			TITLE/ DUTIES
		MONTH	YEAR	EARNINGS	
ADDRESS:	FROM			\$ PER	REASON FOR LEAVING
TELEPHONE NUMBER:	TO			\$ PER	
PERSON TO CONTACT:		NAME OF IMMEDIATE SUPERVISOR?			
PERIOD OF UNEMPLOYMENT: FROM: TO:		HOW DID YOU SPEND THIS TIME?			
EMPLOYER'S NAME:		DATES OF EMPLOYMENT			TITLE/ DUTIES
		MONTH	YEAR	EARNINGS	
ADDRESS:	FROM			\$ PER	REASON FOR LEAVING
TELEPHONE NUMBER:	TO			\$ PER	
PERSON TO CONTACT:		NAME OF IMMEDIATE SUPERVISOR?			

REFERENCES

LIST BELOW THREE REFERENCES WHO ARE NOT RELATIVES AND OVER THE AGE OF 21 WHOM HAVE KNOWN YOU FOR 5 YEARS OR MORE.

NAME	OCCUPATION	ADDRESS	DAYTIME TELEPHONE #

APPLICANT'S STATEMENT AND ACKNOWLEDGEMENT

DIRECTIONS: Read the following Statement and Acknowledgement carefully before you sign this application. If you have questions or need assistance in reading or understanding this Statement and Acknowledgement, please ask the human resources representative assisting with your application.

1. I certify that the information contained in this application is correct the best of my knowledge, and understand that intentional falsification of this application in any detail is grounds for disqualification from any further consideration for or dismissal from employment. I authorize the Company or its designee to investigate all statements and references in this application and release the Company and its agents from any and all liability resulting from such investigation. This includes that authorization for the Company to contact my present and past employers (if checked above) to obtain reference information and to conduct other inquiries into my background. I agree to execute any additional authorizations or consent forms, which may be required for such inquiries to be done.
2. In the event that Locke Supply Co. offers a position of employment to me, I agree to conform to the rules and regulations of the Company, and I understand that, if I am employed, my status will be that of an employee-at-will. I further understand that, as an employee-at-will, my employment and compensation can be terminated, with or without cause, at any time, at the option of either the Company or myself. I further understand that no one with the Company is authorized to enter into an oral agreement for employment for any specified period of time or on any other basis than employment-at-will. I understand that any agreement contrary to the foregoing must be in writing and signed by both an authorized officer of the Company and myself.
3. I understand that I will be requested to take a post-offer drug and/or alcohol test and that my commencement of employment will be contingent on passing that test. I understand that if the drug test is initially positive, I will be allowed an opportunity to discuss the results with the Company's Medical Review Officer before the test results are reported to the Company; however, a positive test confirmed by the Medical Review Officer will result in withdrawal of any job offer.
4. I further authorize Locke Supply Co. to request a copy of my driving record. I realize two or more moving violations will disqualify me for employment in the branches.

I acknowledge that I have read, or had read to me, the Statement and Acknowledgement above, that I have had any questions about the above information answered and that I understand it.

APPLICANT'S NAME (PRINT)

APPLICANT'S SIGNATURE

DATE

BRANCH NUMBER

WITNESS - BRANCH MANAGER'S SIGNATURE

DATE

MANAGEMENT USE ONLY

INTERVIEWED BY: _____

WORK REFERENCES CHECKED BY: _____

COMMENTS:

HIRED: ☐ **YES** ☐ **NO**

START DATE: _____

DEPARTMENT: _____

RATE OF PAY: _____