



PALRAM AMERICAS, Inc.

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Tel. 1.800.999.9459 Fax. 1.610.285.9928

Employment Application

Date ___ / ___ / 20__

Palram Americas is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, ancestry, disability and any other applicable legally protected status, in any employment practice, including without limitation, recruitment and hiring. All applicants are required to fully complete this application, date and sign it. Please inform a company representative immediately upon receiving this application if, as a result of a disability, you will need a reasonable accommodation to complete this application.

FIRST NAME _____ MI _____ LAST NAME _____

HOME ADDRESS _____

CITY, STATE, ZIP _____

PHONE# _____ CELL PHONE# _____

E-MAIL ADDRESS _____

BEST WAY TO REACH YOU _____ Are you eligible for employment in the US? Yes No

GENERAL INFORMATION

What position are you applying for? _____

How did you hear about us? Newspaper Ad Billboard Agency Website Other _____

Did an employee of Palram refer you? If so, who referred you? _____

Are you related to a Palram employee? If so, who? _____

Have you ever been a Palram employee? _____

What pay range are you seeking? _____ Which shifts are you willing to work? _____

EDUCATION

SCHOOL	NAME	# YEARS COMPLETED	COURSE OF STUDY	GRADUATE Y/N?	DEGREE/ DIPLOMA
High School					
College					
All Others					

MILITARY EXPERIENCE

BRANCH OF SERVICE	DATES BEGIN -END	RANK AT DISCHARGE	DUTIES/ACCOMPLISHMENTS (CONTINUE ON BACK IF NEEDED)

Convictions of any of the below will not necessarily bar employment: Have you ever been convicted of a felony, misdemeanor or any other offense other than a minor traffic violation? Yes No If yes, please explain:

PRESENT AND PREVIOUS EMPLOYMENT HISTORY

Please begin with your most recent position and list all previous positions including any military experience, temporary/part time positions, self-employment and volunteer work.

Company Name _____ Type of business _____

Please give us a brief description of your major job duties and responsibilities:

Start Date ____/____/____ End Date ____/____/____ Job Title _____
Salary/Hourly Rate: Starting _____ Ending _____ Reason for Leaving _____

PRESENT AND PREVIOUS EMPLOYMENT HISTORY

Company Name _____ Type of business _____

Please give us a brief description of your major job duties and responsibilities:

Start Date ____/____/____ End Date ____/____/____ Job Title _____
Salary/Hourly Rate: Starting _____ Ending _____ Reason for Leaving _____

PRESENT AND PREVIOUS EMPLOYMENT HISTORY

Company Name _____ Type of business _____

Please give us a brief description of your major job duties and responsibilities:

Start Date ____/____/____ End Date ____/____/____ Job Title _____
Salary/Hourly Rate: Starting _____ Ending _____ Reason for Leaving _____

REFERENCES

Please provide at least two (2) PROFESSIONAL references. Provide name, title, company and the best way to contact them.

NAME	CONTACT INFORMATION

- The information set forth on my application is true and complete. I understand that if employed, any false statement, misrepresentation or material omission of information on this application may result in dismissal or may result in my failure to receive an offer of employment. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides not to hire me.
- The company is an AT-WILL employer, meaning that either the employer or the employee can end the employment relationship at any time and for any or no reason.
- I authorize you to confirm any of the information provided, obtain employment references and personal history, and obtain a consumer report, which may include a criminal history background check. Other Federal, State or local governmental agencies, former employers and former schools may also be contacted. I also authorize you to disclose any pertinent information concerning me to others. Further, I release all parties and persons from any liability that may result from furnishing such information to you as well as from the use or disclosure of such information by you.

Signature _____
(Please print and sign. No digital signatures please)

Date ____/____/____

DISCLOSURE OF INTENT TO OBTAIN A CONSUMER REPORT

(Investigative Report)

Important, Please Read and Sign

In compliance with the Fair Credit Reporting Act (the "Act"), we hereby notify you that for employment purposes **Palram Americas** may request a consumer report and/or investigative consumer report in connection with your application for employment, promotion, reassignment or retention of employment. This report from a consumer reporting agency may include information bearing on your character, general reputation, personal characteristics or mode of living, and may be obtained by a consumer reporting agency from public record sources, various private and government agencies, or through personal interviews with sources such as neighbors, friends, associates, past employers, and educational institutions.

NOTICE AND AUTHORIZATION

In connection with my application for employment, promotion, reassignment or retention, I the undersigned applicant, hereby authorize **Palram Americas** and/or its agents to procure a consumer report and/or investigative consumer report concerning my employment suitability and qualification. I understand that these reports may include, but are not limited to, credit reports, social security trace, criminal records checks, civil records, any court records, driving records, including citations and insurance records, and/or summaries of educational and employment records and histories, including GPA and salary. I understand **Palram Americas** may utilize the services of an outside agency to obtain a consumer report and/or investigative consumer report with the above information and I authorize **Palram Americas** to do so. I request and authorize the appropriate individuals, companies, institutions, or agencies to release such information to a consumer reporting agency and to **Palram Americas**. I understand that I have the right to request additional information about the nature and scope of investigation requested and a copy of the written summary of consumer's rights under the Act.

I fully understand the above and have received a copy of this Disclosure, Notice and Authorization.

Social Security Number: _____ - _____ - _____

Date of Birth: (year not requested) ____/____

Driver's License Number: _____

Address: _____

City, State, and Zip: _____

Your signature stated that you are in total and complete agreement with the statements listed above.

Date: _____ **Signature:** _____

(Please print and sign. No digital signatures please)

Print Full Legal Name:

First: _____ **Middle:** _____ **Last:** _____

Other Names Used: _____

AFFIRMATIVE ACTION FORM

Government agencies require reports on status of applicants. This data is for analysis and affirmative action only. Submission is voluntary. Failure to supply this information will not jeopardize or adversely affect any consideration you may receive for employment or later advancement in employment.

Sex: Male Female

Race/Ethnicity:

- Hispanic or Latino** – A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

- White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

- Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.

- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

- Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

- American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

- Two or More Races (Not Hispanic or Latino)** – All persons who identify with more than one of the above five races.

- Veteran:** Non-veteran

Name: _____ Date: _____