



Employment Application

OUR EMPLOYMENT POLICY

Equal opportunity for all without discrimination because of race, creed, sex, age, handicap, or national origin.

NO SMOKING POLICY

The facility of Zipper's prohibits smoking on the premises.

Policy

Date _____

Last Name _____ First Name _____ MI _____ Social Security No. _____

Present Street Address _____ City _____ State _____ Zip _____

Years at Address _____ Phone _____ Email Address _____

Your Information

Position Applied For _____ Schedule Desired _____ When can you start? _____

Can you perform the specific duties of the job for which you have applied? If no, please explain. _____

Have you been convicted of a crime in the last 10 years? If so, please give details. _____

List all friends and/or relatives currently working for us: _____

Do you have reliable means of transportation? Yes No

Are you currently employed? Full Time Part Time No

How were you referred to us? _____

Have you undergone a name change that would hinder our ability to check your previous work history? If yes, please explain. _____

WORK HISTORY

List your previous experience beginning with your most recent position (including military service if applicable).

Employer Name _____ Address _____

Start Date _____ End Date _____ Starting Position _____ Starting Salary _____

Management Reference (Name, Title, and Contact Information) _____

List Major Duties _____ Final Position _____ Current Salary _____

Reason for Leaving _____

Work History



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WORK HISTORY (CONTINUED)

List your previous experience beginning with your most recent position (including military service if applicable).

Employer Name _____ Address _____

Start Date _____ End Date _____ Starting Position _____ Starting Salary _____

Management Reference (Name, Title, and Contact Information) _____

List Major Duties _____ Final Position _____ Current Salary _____

Reason for Leaving _____

Employer Name _____ Address _____

Start Date _____ End Date _____ Starting Position _____ Starting Salary _____

Management Reference (Name, Title, and Contact Information) _____

List Major Duties _____ Final Position _____ Current Salary _____

Reason for Leaving _____

EDUCATION & TRAINING

High School Name _____ City & State _____

Highest Level Completed _____ Year Graduated _____

College / University Name & Course of Study _____ City & State _____

Highest Level Completed _____ Year Graduated _____

Trade School Name _____ City & State _____

Course of Study _____ Years Completed _____

Skills _____

Work History (Continued)

Education & Training



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AVAILABILITY

Monday	From _____	To _____	Friday	From _____	To _____
Tuesday	From _____	To _____	Saturday	From _____	To _____
Wednesday	From _____	To _____	Sunday	From _____	To _____
Thursday	From _____	To _____			

Comments _____

Zipper's Performance Products attendance policy does not tolerate frequent absences which create hardship for co-workers and the business. Do you know of any reason you may not be able to comply with the company's attendance policy? If yes, please explain. _____

 Yes No _____

IMPORTANT: READ CAREFULLY

As you know, we generally check references offered by employment applicants, and may go to suitable sources for additional information on ability, previous job performance, character and reputation, for the sole purpose of considering you for employment. The state of Maryland, public lay 91-508 requires us to tell you this. On your written request, additional information on the nature and scope of inquires, if any are made, will be provided.

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification and/ or omission of this information may result in dismissal in accordance with company policy. The company in considering my application for employment may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, cooperations, credit bureaus and law enforcement agencies to supply any information concerning my background and release all parties from all liability for any damage that may result from furnishing same to you. In accepting employment, I acknowledge that the policies, benefits, and other programs listed in the benefits booklets and policy manuals do not infer or imply a contract of employment between the company and myself. I realize that the aforementioned benefits, policies and programs are provided at company discretion and may be changed or eliminated at any time. In consideration of employment, I agree to conform to the rules and regulations of the company. I also realize that my first ninety (90) days of employment is considered to be a probation period, and thereafter at will, during which time my employment and compensation can be terminated, with or without notice, at anytime, at the option of either the company or myself.

MARYLAND LIE DETECTOR LAW

Under Maryland law an employer may not require any applicant for employment or prospective employment or any employee to submit to or take a polygraph, lie detector or similar test or examination as a condition of employment or continued employment. Any employer who violates this provision is guilty of a misdemeanor and subject to a fine not to exceed \$100.

I, _____ acknowledge that I have read and understand the above.

Signature _____ Date _____

Print Name _____

Availability

Please Read Carefully