

# ***BALLABOX COMPANY, INC.***

## ***APPLICATION FOR EMPLOYMENT***

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

*(Please Print)*

Position applied for	Date of Application
How Did You Learn About Us?	

Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number			Social Security Number		

If you are under 18 years of age, can you provide required proof of you eligibility to work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you ever filed an application with us before?	<input type="checkbox"/> Yes If yes, give date _____	<input type="checkbox"/> No		
Have you ever been employed with us before?	<input type="checkbox"/> Yes If yes, give date _____	<input type="checkbox"/> No		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
<small>Proof of citizenship or immigration status will be required upon employment.</small>				
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Have you been convicted of a felony within the last 7 years? <small>Conviction will not necessarily disqualify an applicant from employment.</small>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If yes, please explain				
_____				
_____				

# Education

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write.			
	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

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Describe any job-related training received in the United States Military.

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# Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed		Duties Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

Employer		Dates Employed		Duties Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

Employer		Dates Employed		Duties Performed
		From	To	
Address				
Telephone Number(s)				
Job Title	Supervisor	Hourly Rate/Salary		
		Starting	Final	
Reason for Leaving				

If you need additional space please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.  
You may exclude memberships which reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

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# Additional Information

## Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

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## Specialized Skills

## Check Skills/Equipment Operated

<input type="checkbox"/> CRT	<input type="checkbox"/> Fax	<b>Production/Mobile Machinery</b>
<input type="checkbox"/> PC	<input type="checkbox"/> MS-Excel	_____
<input type="checkbox"/> Calculator	<input type="checkbox"/> MS-Word	_____
<input type="checkbox"/> Typewriter	<input type="checkbox"/> PBX System	_____

State any additional information you may feel be helpful to us in considering your application.

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***Note to applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.***

Are you capable of performing in area reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

\_\_\_\_\_ YES      \_\_\_\_\_ NO

## References

_____	_____
(Name)	Phone #
_____	_____
(Name)	Phone #
_____	_____
(Name)	Phone #

**FOR PERSONNEL DEPARTMENT USE ONLY**

**Position(s) Applied For Is Open:**      \_\_\_\_\_ YES      \_\_\_\_\_ NO

**Position(s) Considered For:**      \_\_\_\_\_

\_\_\_\_\_

**DATE** \_\_\_\_\_

**NOTES:**

# Applicant's Statement

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

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT ONLY

Arrange Interview     Yes     No

Remarks: \_\_\_\_\_

Employed             Yes     No    Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_    Hourly Rate/Salary \_\_\_\_\_    Department \_\_\_\_\_

**By:** \_\_\_\_\_

NAME AND TITLE

DATE

**NOTES:** \_\_\_\_\_