

# FHI PLANT SERVICES, INC

Employment Application



| APPLICANT INFORMATION                                    |                              |                             |                                                                                                         |
|----------------------------------------------------------|------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------|
| Last Name                                                | First                        | M.I.                        | Date                                                                                                    |
| Position Applied for                                     |                              | Date Available              |                                                                                                         |
| Social Security No                                       | Circle one:                  | Single                      | Married<br>Divorced                                                                                     |
| Street Address                                           |                              | Apartment/Unit #            |                                                                                                         |
| City                                                     | State                        | ZIP                         |                                                                                                         |
| Phone                                                    | E-mail Address               |                             |                                                                                                         |
| Are you a citizen of the United States?                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Have you ever worked for FHI?                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If so, when? What was your title?                                                                       |
| Have you ever been convicted of a felony?                | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                                                                         |
| Have you ever been convicted of a misdemeanor?           | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                                                                         |
| Do you have any outstanding Failures to appear/warrants? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                                                                         |
| Are you on probation?                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                                                                         |
| Have you ever had a DUI/DWI?                             | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, when?                                                                                           |
| Do you have any criminal cases pending?                  | YES <input type="checkbox"/> | NO <input type="checkbox"/> | If yes, explain                                                                                         |

| EDUCATION                              |                                    |
|----------------------------------------|------------------------------------|
| Please circle highest grade completed: | 9 10 11 12 College 1 2 3 4 Masters |
| Please list the languages you speak:   |                                    |

| REFERENCES                                        |              |
|---------------------------------------------------|--------------|
| <i>Please list three professional references.</i> |              |
| Full Name                                         | Relationship |
| Company                                           | Phone ( )    |
| Address                                           |              |
| Full Name                                         | Relationship |
| Company                                           | Phone ( )    |
| Address                                           |              |
| Full Name                                         | Relationship |
| Company                                           | Phone ( )    |
| Address                                           |              |

**PREVIOUS EMPLOYMENT**

|                                                                                                                      |                    |                    |  |
|----------------------------------------------------------------------------------------------------------------------|--------------------|--------------------|--|
| Company                                                                                                              |                    | Phone (    )       |  |
| Address                                                                                                              |                    | Supervisor         |  |
| Job Title                                                                                                            | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                     |                    |                    |  |
| From                                                                                                                 | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| Company                                                                                                              |                    | Phone (    )       |  |
| Address                                                                                                              |                    | Supervisor         |  |
| Job Title                                                                                                            | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities                                                                                                     |                    |                    |  |
| From                                                                                                                 | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |
| May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/> |                    |                    |  |

Please list any previous jobs that might be of interest to us?

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**MILITARY SERVICE**

|                                  |                   |    |
|----------------------------------|-------------------|----|
| Branch                           | From              | To |
| Rank at Discharge                | Type of Discharge |    |
| If other than honorable, explain |                   |    |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

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Signature \_\_\_\_\_ Date \_\_\_\_\_