

Simmons Irrigation Supply, Inc.

Application For Employment

Name _____ Date of Application _____
Last First Middle

Address _____
Number Street City State Zip Code

Telephone _____ Social Security Number _____
Area Code

JOB INTEREST

Position(s) or type work desired _____

Rate of pay expected \$ _____ (Please check one) ___ Per Hour ___ Week ___ Month ___ Annual

Are you available to work: ___ Full Time ___ Part-time ___ Temporary

Date available for employment _____ Specify days and hours if part-time _____

Location of office where you prefer to work _____. Will you transfer or relocate? _____

Have you ever been employed by Simmons Irrigation? ___ Yes ___ No If yes, where & when _____

PERSONAL

Have you ever been convicted of a crime? ___ Yes ___ No. If yes, please explain _____

EDUCATION AND TRAINING

	High School				College				Graduate			
Years Completed (Circle Highest)	9	10	11	12	1	2	3	4	1	2	3	4
School Name	_____				_____				_____			
School Location	_____				_____				_____			
Diploma/Degree	_____				_____				_____			
Course of Study	_____				_____				_____			
Year Graduated	_____				_____				_____			

REFERENCE INFORMATION

Reference Name	City/ Town	Phone #	Occupation/Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EMPLOYMENT RECORD

List all jobs starting with your most recent employer. Account for all periods including unemployment, volunteer activities, and part-time work experience.

1. Employer: _____ Supervisor _____

Address: _____

Reason for Leaving: _____

Job Title and Duties: _____

Dates Employed: Started ____/____/____ Ended ____/____/____ Still Employed: _____

2. Employer: _____ Supervisor _____

Address: _____

Reason for Leaving: _____

Job Title and Duties: _____

Dates Employed: Started ____/____/____ Ended ____/____/____ Still Employed: _____

3. Employer: _____ Supervisor _____

Address: _____

Reason for Leaving: _____

Job Title and Duties: _____

Dates Employed: Started ____/____/____ Ended ____/____/____ Still Employed: _____

May we contact your present employer? _____ Yes _____ No

DRIVER QUALIFICATIONS

1. Driver's License No. _____ Type (Class) _____

2. Have you had any traffic accidents in the past five years? _____ Yes _____ No How Many? _____

Give details: _____

3. Has your license ever been suspended or revoked? _____ Yes _____ No If yes, please explain _____

4. Have you had any moving violations within the past five years? _____ Yes _____ No If yes, please describe _____

APPLICANT UNDERSTANDING AND APPLICANT STATEMENT

Simmons Irrigation is an equal opportunity employer and do not and will not (pursuant to applicable law) discriminate on the basis of race, color, religion, national origin, sex, age, veteran status, or handicap. No Smoking is permitted on the job. I understand this application is current for only 60 days. If I have not been contacted within 60 days and still wish to be considered for employment, I must fill out a new application.

I understand that if I am employed by Simmons Irrigation, I may be required from time to time to submit to medical examinations and/or tests conducted by a licensed physician, selected by the Company, at company expense. I hereby give a continuing authorization to any hospital or other health care facility and to any physician or other person conducting such medical examinations and/or tests to furnish to Simmons Irrigation any medical records or medical information resulting from such examinations and/or tests. I further authorize the release to Simmons Irrigation of such of my medical records and medical information as may be relevant and necessary to the disposition or investigation of any claim against Simmons Irrigation or the insurance carriers of Simmons Irrigation, including any claim I may have for workers' compensation.

I authorize Simmons Irrigation to investigate my past employment, educational credential, other employment-related activities and all statements contained in this application for employment as may be necessary to evaluate my qualifications and arrive at an employment decision.

I certify that the answers and statements on this application are true and complete to the best of my knowledge. I understand that false or misleading information given in my application or interview(s) will be sufficient grounds for immediate discharge, if I am employed.

Signature of Applicant

Date