INSTRUCTIONS:

- Download the application by clicking on the icon in the upper right hand corner.
- 2) Fill out the application completely.
- 3) SAVE THE PDF FILE TO YOUR COMPUTER!
- 4) Attach **SAVED PDF** to an email and send to HRmail@Albamfg.com.



We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

PLEASE PRINT				
Position(s) applying for:			Date of Application:	
How did you learn about	us?			
🗆 Advertisement 🗆 Frien	d 🗆 Walk-in 🗆 Employmen	it Agency 🛛 Relativ	e 🗆 Other:	
Last Name:	First Name:	Midd	le Initial:	
Address:	City:	State:	Zip:	
Telephone Number(s):		Social Security Nur	nber:	
On what date would you	be available for work?			
Are you available for wor	k: Full time 🗆 Part time 🗆	Shift work 🗌 Tem	porary 🗆	
If you are under 18 years	of age, can you provide requi	red proof of your eli	gibility to work? YES \Box NO \Box	
Have you ever filed an ap	plication with us before?		$YES \ \square \ NO \ \square$	
II TES, give date _				
Have you ever been empl If YES, give date	loyed with us before?		YES 🗆 NO 🗆	
Are you currently employ	ed?		YES 🗆 NO 🗆	
May we contact your pres	sent employer?		YES 🗆 NO 🗆	
Are you prevented from I	awfully becoming employed in	n this country becau	se of	
Visa or immigration statu		,	YES 🗆 NO 🗆	
Proof of citizenship or imr	nigration will be required upon emp	loyment.		
Are you currently on "lay-	off" status and subject to reca	all?	YES 🗆 NO 🗆	
Can you travel if a job req	uires it?		YES 🗆 NO 🗆	
	of a falance with in the last 7			
,	of a felony within the last 7 ye		YES 🗆 NO 🗆	
(Conviction will not necess	sarily disqualify an applicant from en	npioyment.)		
If YES, please explain:				

WE ARE AN EQUAL OPPORTUNITY EMPLOYER EMPLOYMENT EXPERIENCE

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

Employer:	Dates Employed:	Hourly Rate/Salary:	
	From: To:	Starting: Final:	
Address:			
Telephone Number(s):	Work Performed:		
Job Title:			
Reason for Leaving:			
2			
Employer:	Dates Employed:	Hourly Rate/Salary:	
	From : To:	Starting: Final:	
Address:			
Address:			
Telephone Number(s):	Work Performed:		
Job Title:			
500 mie.			
Reason for Leaving:			
3			
		1	
Employer:	Dates Employed:	Hourly Rate/Salary:	
	From: To:	Starting: Final:	
Address:			
Telephone Number(s):	Work Performed:		
Job Title:			
Dessen for Loguing:			
Reason for Leaving:			
4			
Employer:	Dates Employed:	Hourly Rate/Salary:	
	From:To:	Starting: Final:	
	<u> </u>	<u>starting.</u> Findl.	

Address:	
Telephone Number(s):	Work Performed:
Job Title:	
Reason for Leaving:	

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

REFERENCES

Please supply the names, addresses, and phone numbers of three (3) personal references. These references can not be relatives.

1.	NAME:	
	ADDRESS:	
	PHONE #:	
2.	NAME:	
	ADDRESS:	
	PHONE #:	
3.	NAME:	
	ADDRESS:	
	PHONE #:	

RECORD OF EDUCATION:

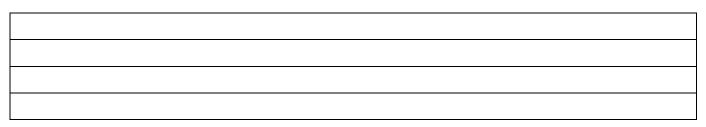
School	Name and Address	Course of Study	Last Year Completed	Did You Graduate?	List Diploma Or Degree
Elementary			1 2 3 4 5 6 7 8	□ Yes □ No	
High			1 2 3 4	□ Yes □ No	
Trade / Vocational			1234	□ Yes □ No	
College			1 2 3 4	□ Yes □ No	
Other (Specify)			1 2 3 4	□ Yes □ No	

Indicate any foreign languages you can speak, read, and/or write:

	Fair	Good	Fluent
Speak			
- Opean			
Read			
Write			

List professional, trade, business, or civic activities and offices held:

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.



MILITARY SERVICE RECORD

Have you served in the U.S. Armed Forces?	🗆 Yes 🗆 No	Dates of duty	_to
Branch	Applicable skills a	cquired	

Please list below any additional information (such as special honors, skills, and/or qualifications) that may be helpful to us in considering your application:

JOB APPLICANT'S AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements and I authorize past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon you.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time. The employer reserves and retains the right to make changes in terms and conditions of my employment as the employer determines to be appropriate.

I understand that this application will be kept on file for 30 days from the date completed, after which time I would have to reapply in accordance with established company procedures.

I understand that if employed with Alba Manufacturing, Inc., it is "at will" which means that my employment can be terminated with or without cause, and with or without notice, at any time, at the option of either Alba Manufacturing Inc. or myself, except as otherwise provided by law.

Applicant's Signature _____

_____Date ______

IMPORTANT BEFORE closing the file, SAVE THE PDF TO YOUR COMPUTER!

If not, your information will be lost and you will have to start over from the beginning.