



Application of Employment

Shaner is proud to offer a safe & healthy **DRUG-FREE** workplace. A drug test will be required prior to commencement of employment or after becoming employed, if deemed necessary by the employer. Equal access to programs, services & employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the HR department.

Position applied for: _____ Date of application: ____/____/____

Name: _____

Address: _____

Home Phone # _____ Cell or other # _____ Email: _____

Have you ever been employed with a Shaner company before? Yes _____ No _____
 If "Yes", please give dates and position(s): _____

If under the age of 18, and it is required, can you furnish a work permit? Yes _____ No _____
 If "No", please explain: _____

Are you legally eligible for employment in this country? Yes _____ No _____
 (If hired, proof of citizenship will be required within 3 days of start date)

Have you ever been discharged or asked to resign from a job? Yes _____ No _____
 If "Yes", please explain: _____

Type of employment desired: Full-time _____ Part-time _____ Temp/Seasonal _____ Educational Co-Op _____

Date available for work: ____/____/____ What is your desired salary range? \$ _____

Driver's license number if driving is an essential job function: _____

EMPLOYMENT HISTORY ** Please use additional sheet(s) of paper for additional Employment History.

Previous Employer 1		
From: _____ To: _____	Employer: _____	Title/Position: _____
Phone #: _____	Address: _____	Supervisor: _____
Wage/Salary: _____	Nature of work: _____	Reason for leaving: _____
Previous Employer 2		
From: _____ To: _____	Employer: _____	Title/Position: _____
Phone #: _____	Address: _____	Supervisor: _____
Wage/Salary: _____	Nature of work: _____	Reason for leaving: _____
Previous Employer 3		
From: _____ To: _____	Employer: _____	Title/Position: _____
Phone #: _____	Address: _____	Supervisor: _____
Wage/Salary: _____	Nature of work: _____	Reason for leaving: _____

Skills & Qualifications

Summarize any additional training & skills. Include licenses & certificates that relate to the functions of the position for which you are applying.

Educational Background

Name & Location	Years Completed	Did you graduate?	Course of Study
High School			
College			Major/Degree
Other			

References (Give the names of four professional references who are non-related)

Name	Relationship	Phone #	# of Years Known

Emergency Contact(s)

Name: _____ Relationship: _____ Phone #: _____

Applicant Statement

I hereby declare the information provided to me in this application is true and complete, and I understand that falsification of this information is grounds for refusal to hire or, if I've been hired, for termination.

I authorize any of the persons or organizations referenced in this application to give you and any of them all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from liability for any damage which may result from furnishing such information to you.

I further acknowledge that if the employer employs me, my employment will be "at-will", and may be terminated with or without cause at any time by me or by Shaner Operating Corp.

I understand that no representative of the company has any authority to enter into any agreement for employment for any specified period of time or to assure any benefits or terms and conditions of employment, either prior to commencement of the employment or after I have become employed.

I further understand my employment is contingent upon the satisfactory completion of a criminal background check, drug screen and motor vehicle report (if required to drive a vehicle to perform job responsibilities.)

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____

Date ____/____/____



Work Availability

Please indicate your work availability below:

DAY OF WEEK	MORNING	AFTERNOON	EVENING
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Open availability is required for employment.
Work shifts and hours vary, weekend and holiday hours
required.