



APPLICATION FOR PART-TIME EMPLOYMENT

Legal Name: _____ Address: _____

City: _____ State/Zip: _____

Cell Phone Number: _____ Email: _____

List other names used if different from above: _____

**Please Rate the Following Work Hours in order of your Desired Preference
(1 = Most Preferred to 6 = Least Preferred)**

7 am – 11 am _____	11 am – 3 pm _____	3 pm – 7 pm _____
7 pm – 11 pm _____	11 pm – 3 am _____	3 am – 7 am _____

Are you at least 18 years of age? Yes ___ No ___

Are you legally authorized to work in the United States? Yes ___ No ___

Do you smoke? Yes ___ No ___

Have you ever been convicted of a felony or subjected to a deferred adjudication on a felony charge? Yes ___ No ___

If "Yes" explain in concise detail, giving the dates and nature of the offense, the name and location of the court, and the disposition of the case(s). A conviction may not disqualify you, but a false statement will.

How many absences per quarter do you feel is acceptable?

How many minutes is it o.k. to be late? _____

EDUCATION

Do you have a high school diploma or GED? Yes ___ No ___

Check highest level of degree completed: Associates Bachelor Master Ph.D.

Name of Educational Institution: _____ Location: _____

Degree: _____ Date of Graduation (or expected): _____

Name of Educational Institution: _____ Location: _____

Degree: _____ Date of Graduation (or expected): _____

SPECIAL TRAINING/SKILLS/QUALIFICATIONS

WORK HISTORY *(start with the most recent employer)*

(1) Name of Employer: _____ City/State: _____
Position Title: _____ Start Date: _____ End Date: _____
Salary/Wages: _____ Supervisor: _____ Phone: _____
Key Responsibilities: _____
Reason for Leaving: _____

(2) Name of Employer: _____ City/State: _____
Position Title: _____ Start Date: _____ End Date: _____
Salary/Wages: _____ Supervisor: _____ Phone: _____
Key Responsibilities: _____
Reason for Leaving: _____

REFERENCES

Name: _____ Relationship: _____ Phone: _____

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I certify that all information given by me on this application is correct, true, and complete. I understand that falsification of any information on this application will result in rejection of the application or discharge from employment. If I am hired, I will be required to provide proof of identity and legal authority to work in the United States. I also understand that if I am hired I am free to end the employment relationship at anytime for any reason and that the employer also shares this right. I further agree to abide by the Company's Employee Handbook.

I certify that I have read, fully understand, and accept all the terms and conditions of the Employment Application.

Applicant's Signature

Please use the 'Fill & Sign' function in the upper right hand corner of the PDF to add your digital signature or initials.

Date

Send completed application to
hr@fernco.com or mail to :
Fernco Human Resources
300 S. Dayton St.
Davison MI 48423