



• FLINT • OAK •

2639 QUAIL RD. FALL RIVER, KS 67047
(620) 658-4401 FAX (620) 658-4806

Application For Employment

We are an Equal Opportunity Employer

PLEASE PRINT LEGIBLY - COMPLETE ALL INFORMATION

Date of Application _____

Type of work desired _____ Wage Expected \$ _____

Available to work? Full Time Part-time Saturday Sunday Evenings Date Available _____

Referred to this Company by: Advertisement Friend _____ Other _____

Personal Information

Name _____ () ()
Last First Initial Days Cell

Address _____
Street City/State Zip

How long at this address? _____ Previous address _____
How Long?

Email Address: _____

Are you 18 years of age or older? _____ If you are under 18, can you furnish a work permit? _____

If required for the job, can you provide a valid Kansas driver's license? _____ Traffic violations in the past 5 years _____

Have you applied for a job here before? _____ Year _____ Have you worked here before? _____ Year _____

Have you been convicted of a felony? _____ When? _____ Explain _____
(Conviction will not necessarily disqualify an applicant from employment.)

Are you prevented from lawfully being employed because of Visa or Immigration status? _____

Education

	<u>Elementary</u>	<u>Secondary</u>	<u>College</u>	<u>Graduate</u>	<u>Major In</u>
School Name	_____	_____	_____	_____	_____
Town, State	_____	_____	_____	_____	_____
Years Completed	4 5 6 7 8 9 10 11 12	1 2 3 4	1 2 3 4	_____	_____

Special Skills

Summarize Special Skills, Qualifications, Civic or Volunteer Work, Military experience or other activities you want us to consider

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

Personal References

List three personal references (not relatives or former employers) that we may contact.. PLEASE PRINT

Name	Address	City/St/Zip	Telephone

FOR PERSONNEL USE ONLY

Ref.	Comments	Date Contacted	By
1			
2			
3			

Work History

Are you employed now? _____ Where _____ If so, may we contact your present employer? _____

Start with your present or last job. Include job-related military service or volunteer work.

	Last Employer (1)	Previous Employer (2)	Previous Employer (3)	Previous Employer (4)
Company				
Address				
City/St/Zip				
Telephone				
Supervisor				
Start Date/Wage				
End Date/Wage				
Primary Duties				
Reason for Leaving				

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Ref.	Comments	Date Contacted	By
1			
2			
3			

APPLICANT AGREEMENTS (Read carefully before signing)

- 1 I certify that answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given on my application or in interview(s) may result in discharge.
- 2 I authorize this Company to investigate all statements and contact all references contained in this application as may be necessary in arriving at an employment decision.
- 3 I hereby acknowledge that any employment relationship with this Company is of an "at will", nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. I understand that if I am employed my job is not for any definite period of time. It is further understood that "at will" employment relationships may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the General Manager of this Company.

Applicant's Signature _____ Date _____

Date Hired _____ Will Report _____ Department _____ Position _____

Full Time Permanent Part-time Seasonal Supervisor _____



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POST-OFFER DRUG/ALCOHOL TESTING DISCLOSURE, CONSENT AND RELEASE FORM

Policy:

Offers of employment with Flint Oak may be conditioned on proper cooperation with and participation in a drug and controlled substance screening test. Following a conditional employment offer, applicants will be asked to sign a form consenting to a screening test as part of the application process. Failure to sign the consent form will be considered a withdrawal of the application.

Applicants who test positive without a legitimate medical reason will be denied employment. In appropriate circumstances, Flint Oak may, in its sole discretion, authorize a retest.

Consent and Release:

I hereby authorize the laboratory testing service, including the collection facility, collection personnel, physician, and laboratory, selected by the Company to conduct breath alcohol tests and/or to take urine specimens for laboratory analysis for the purpose of alcohol and/or drug testing, and I authorize the laboratory testing service to release the results of the tests to the Company. This release and consent form is subject to the terms and conditions of the alcohol/drug policy implemented by the Company.

In consideration for such services being rendered on my behalf, I hereby RELEASE the laboratory testing service, its officers, agents, and employees, from any and all claims which I might otherwise have due to such results being made so available. I hereby CONSENT NOT TO FILE ANY ACTION at law or in equity against the Company, the laboratory testing service, their respective officers, agents or employees in connection with the results of such screen being made so available, and I hereby agree to INDEMNIFY and HOLD HARMLESS the Company, the laboratory testing service, their respective officers, agents, and employees from all damages, expenses, reasonable attorney's fees, and costs of court which they or any of them may suffer or incur, jointly or severally, due to the results of such screen being made so available.

I understand that if I refuse to submit to the testing, to give a requested sample(s), to authorize release of the results to the company, and/or if the test results indicate that I do not meet the Company's standards, I may be terminated.

I understand that any attempt to switch, adulterate or in any way tamper with the requested sample(s) or to otherwise manipulate the testing process will result in termination of employment. I also understand that if my test results are dilute on the second testing, I may be terminated.

A photocopy of this authorization can be used if the original is not available. I understand that my refusal to authorize such examination will subject me to immediate discipline.

Date

Employee Signature

(A copy of this authorization form will be confidentially maintained by Flint Oak)