

Penn Herb Company Ltd.

Application for Employment

Please print:

Position being applied for: _____ Date of application: _____

REFERRAL SOURCE: Advertisement Employee Relative Walk-in
 Private Employment Agency Other _____
Name of Source (If applicable) _____

Name: _____

Address: _____

Phone #: (_____) _____ - _____ Social Security Number: _____ - _____ - _____

If necessary, best time to call you at home is. _____

May we contact you at work? Yes No

If yes, work number and best time to call (_____) _____ - _____ Time: _____

If you are under age 18, can you furnish a work permit? Yes No

Have you filed an application here before? Yes No

If yes, give dates From ____/____/____ to ____/____/____

Are you legally eligible for employment in this country? Yes No
(Proof of U.S. Citizenship or immigration status will be required upon employment.)

Date available for work. ____/____/____

Type of employment desired: Full Time Part Time Temporary Seasonal Educational / Co-Op

Are you on a lay-off or subject to recall? Yes No

Will you travel if job requires it? Yes No

Will you be willing to work on Saturdays if the job requires it? Yes No

Will you be willing to work on Sundays if the job requires it? Yes No

Will you be able to work evenings if the job requires it? Yes No . . . If yes, which evenings? M T W Th F S Su

Will you work overtime if required? Yes No

Are you able to work standing up for an extended time without discomfort? Yes No

Are you affected by allergies to dust or herbal products? Yes No

If required by the employer, will you undergo a pre-employment physical? Yes No

Have you ever been bonded? Yes No

Driver's license number _____ State: _____

EMPLOYMENT HISTORY

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

<p>Employer: _____</p> <p>Phone: () _____</p> <p>Address: _____</p> <p>Job Title: _____</p> <p>Immediate Supervisor and Title: _____</p> <p>May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later</p>	<p>Reason for Leaving: _____</p> <p>Dates Employed From: ___/___/___ To: ___/___/___</p> <p>Hourly Rate / Salary Starting: \$ _____ Final: \$ _____</p> <p>Summarize the nature of the work performed and job responsibilities: _____ _____</p>
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Skills and Qualifications: Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our company:

EDUCATIONAL BACKGROUND:

A. List last three (3) schools attended starting with most recent one. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade point average or class rank and E. Major and minor field of study.

A. School	B. Number of years completed	C. Degree Diploma	D. GPA Class Rank	E. Major	E. Minor

List any foreign languages and check the box that best describes your skill level.

Language	Read and Write	Read and Speak	Read only	Speak only

REFERENCES

List the name and telephone number of three (3) business work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone	Years Known
	()	
	()	
	()	

List professional, trade, business or civic associations and any offices held. Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.

Organization	Offices Held

List special accomplishments, publications, awards. Exclude information which would reveal sex, race, religion, national origin, age, ancestry or other protected status.

List any additional information you would like us to consider.

Voluntary Affirmative Action Information

Completion of information below is voluntary

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.

Position being applied for: _____ **Date of application:** _____

REFERRAL SOURCE: Advertisement Employee Relative Walk-in School
Government Employment Agency Private Employment Agency Other _____
Name of Source (If applicable) _____

Applicant's Name: _____

Address: _____

Phone #: (_____) _____ - _____ **Social Security Number:** _____ - _____ - _____

Date of Birth: ____/____/____ **Number of Dependents:** _____

As required, we comply with government regulations including Affirmative Action Obligations where they apply.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check one: Male Female

Marital Status: Single Married Divorced Separated

WHICH RACE / ETHNIC GROUP DO YOU IDENTIFY WITH:

Hispanic Black White American Indian / Alaskan Native Asian/ Pacific Islander
 Prefer not to answer Other _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Handicapped Individual

PERSONAL ACCOMPLISHMENTS, ACTIVITIES OR HOBBIES:

ANYTHING ELSE YOU WOULD LIKE PENN HERB TO KNOW ABOUT YOU:

PLEASE READ AND SIGN BELOW

It is understood and agreed that my misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, the Employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the Employer has the authority to make any assurances to the contrary.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The Employer is an equal opportunity employer. The Employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only (60) days. At the conclusion of this time, if I have not heard from the Employer and still wish to be considered for employment, it will be necessary for me to fill out a new application.

Signature of Applicant: _____

Printed Name: _____

Date: _____