



Application for Employment



C&S Products Company, Inc. is an Equal Opportunity Employer. All applicants will be considered without unlawful regard to race, color, religion, sex, national origin, citizenship, age, marital status, gender identity, sexual orientation, or disability. You may request assistance in completing this application.

Every item on this form must be answered to the best of your ability. Failure to answer fully and accurately complete this application may disqualify you for consideration for any position. Applications remain active for 90 days.

PERSONAL INFORMATION

Name _____ Telephone Number: (____) _____
First M.I. Last

Current Street Address _____ City _____ ST _____ Zip _____

Email Address: _____

Position you are applying for:	Salary Expectation: _____ per hour or _____ per year	First Date Available for Work:
Which of these times are you available:	Days: Yes <input type="checkbox"/> No <input type="checkbox"/> Nights: Yes <input type="checkbox"/> No <input type="checkbox"/>	Weekends: Yes <input type="checkbox"/> No <input type="checkbox"/> Holidays: Yes <input type="checkbox"/> No <input type="checkbox"/>

Are you at least 18 years old? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, you may be required to provide authorization to work.)	Are you legally able to work in the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> (If offered employment, you will be required to provide documentation to verify eligibility.)
Have you ever been convicted of or plead guilty to any misdemeanor or felony? Yes <input type="checkbox"/> No <input type="checkbox"/> (A criminal offense will not necessarily disqualify you from employment) If yes, please provide date(s) and details _____ _____	<u>Answer these for all positions requiring the use of a vehicle:</u> Have you ever been convicted of a moving traffic violation? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all here: _____ _____ Have your driving privileges ever been revoked or suspended? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, list all here: _____ _____
Are you able and willing to perform the essential functions of the job for which you are applying, including travel, if necessary? Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have a Commercial driving license? Yes <input type="checkbox"/> No <input type="checkbox"/>

ALLERGENS

C&S Product's raw ingredients do contain these allergens. If applicable, identify any or all of these ingredients that you may be allergic to. By your signature on this application you acknowledge notification of potential allergen risk.

Allergies to these products does not automatically disqualify you from employment.

☐ Dairy ☐ Peanuts ☐ Tree Nuts ☐ Shell Fish ☐ Soy ☐ Fish ☐ Wheat ☐ Eggs ☐ None

MILITARY EXPERIENCE

<input type="checkbox"/> Not Applicable	Branch _____
From _____ to _____	Rank at Discharge _____



Applicant Name: _____



EDUCATION

High School (Name and location)	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, last grade completed _____	G.E.D. Obtained? Yes <input type="checkbox"/> No <input type="checkbox"/>
College/Trade School (Name and location) _____	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, number of hours completed _____	Degree obtained _____
	Grade Point Average _____	Major _____ Minor _____	If attending, expected date of graduation _____

WORK EXPERIENCE - List below all present and past employment, beginning with your most recent employer:

1.	Employer: _____ Location: _____ Job Title: _____ Supervisor: _____ <input type="checkbox"/> Please do not contact this employer. Why not? _____	Starting Salary _____ per hour/week/year Last Salary _____ per hour/week/year Dates Employed _____ to _____ Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Retired <input type="checkbox"/> Lay off Why? _____
2.	Employer: _____ Location: _____ Job Title: _____ Supervisor: _____ <input type="checkbox"/> Please do not contact this employer. Why not? _____	Starting Salary _____ per hour/week/year Last Salary _____ per hour/week/year Dates Employed _____ to _____ Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Retired <input type="checkbox"/> Lay off Why? _____
3.	Employer: _____ Location: _____ Job Title: _____ Supervisor: _____ <input type="checkbox"/> Please do not contact this employer. Why not? _____	Starting Salary _____ per hour/week/year Last Salary _____ per hour/week/year Dates Employed _____ to _____ Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Retired <input type="checkbox"/> Lay off Why? _____
4.	Employer: _____ Location: _____ Job Title: _____ Supervisor: _____ <input type="checkbox"/> Please do not contact this employer. Why not? _____	Starting Salary _____ per hour/week/year Last Salary _____ per hour/week/year Dates Employed _____ to _____ Reason for Leaving: <input type="checkbox"/> Quit <input type="checkbox"/> Discharge <input type="checkbox"/> Retired <input type="checkbox"/> Lay off Why? _____

PROFESSIONAL REFERENCES Please list below two business references who can attest to your skills, knowledge and experience as it relates to the position for which you are applying.

NAME	TELEPHONE	EMAIL	OCCUPATION



Applicant Name: _____



APPLICANT CERTIFICATION

PLEASE READ THIS INFORMATION CAREFULLY AND SIGN BELOW.

- I certify that all of the information that I have provided on this application is true and complete to the best of my knowledge. I understand that any omission or erroneous statements on this application may result in my rejection as an applicant and/or cause my immediate dismissal if employed and discovered at a later date.
- In consideration of my employment, I agree to conform to the rules and regulations of all employees of C&S Products Company, Inc. should I be employed. I understand that the company can amend or modify rules, regulations and policies at any time with or without notice. I understand that I may be required to work overtime as a condition of being employed here.
- I understand that my employment is AT WILL. My employment and compensation can be terminated, with or without cause, at any time, with or without notice at the option of either this company or me.
- I understand that no representative of this company has any authority to enter into any verbal agreement for employment for any specified period of time or to make any agreement contrary to the foregoing. I understand that nothing contained in this employment application, granting of an interview or information obtained during the interview process creates an employment contract, promise of employment, or providing of any benefit between the company and myself.
- I hereby authorize C&S Products Company, Inc., or its agents, to contact references, investigate my background, conduct a criminal history record check, and to make such other inquiries as the company deems relevant to assess my qualifications for the position for which I am applying. I release all parties from any liability for such disclosure and I understand that the information disclosed will not be released to me. My signature below is a request and authorization to any individual, employer, financial institution or any local, state, or federal law enforcement agency to release any and all information requested by C&S Products Company or its agents. A copy of this authorization is as valid as the original.
- I understand that I may be required to submit to a pre-employment test for physical capacity and/or substance abuse, as permitted by law. If I am offered employment I will submit to such physical examinations, tests for substance abuse and medical surveillance programs during the course of employment as permitted by law and company policy.
- I attest that by entering my name and the date below I am signing this employment application electronically. I understand that an electronic signature has the same legal effect of my written signature and consent to it being enforced in the same way as my hand written signature.

SIGNATURE _____ DATE _____

How did you hear about this position?

<input type="checkbox"/> Walk-In	<input type="checkbox"/> Internet. Website: _____
<input type="checkbox"/> Advertisement. Where? _____	<input type="checkbox"/> Employee Referral. Referred By: _____
<input type="checkbox"/> Previously employed at C&S. When _____ to _____	<input type="checkbox"/> Other: _____