

MAPLES INDUSTRIES INC.

P.O. Box 40
Scottsboro, AL 35768
Revised 10/2014 v15

APPLICATION FOR EMPLOYMENT
We are an Equal Opportunity Employer



Maples Industries, Inc. ("Maples") is an Equal Opportunity Employer and applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, veteran status, disability or any other legally protected status.

To Applicant: We deeply appreciate your interest in our organization and assure you we are sincerely interested in your qualifications. A clear understanding of your background and work history will aid us in attempting to place you in the position which best meets your qualifications and may assist us in possible future upgrading.

Instructions: Please read this entire application before you answer any questions. Print all information. Answer all questions accurately and completely. Print "N/A" in any space that does not apply to you. All applications remain active for a period of 90 days. Those applicants not employed within the 90 day period will be required to reapply in order to be considered for any job openings.

Notice: Employment with Maples is contingent upon the successful completion of a drug screening test and physical examination.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

Date of Application

Please Print

PERSONAL DATA

Name: Social Security Number:
Last First Middle

Have you ever used another name, alias, or nickname which might help us verify the contents of this application?

Present Address:
Street Number and Name City State Zip Code

How long have you lived there? Telephone:

Email address Cell #

Permanent Mailing Address:
Street Number and Name City State Zip Code

Last previous address in the U.S.:
Street Number and Name City State Zip Code

How long did you live there?

Sun M T W Th F Sat

Best Day to Contact you at Home
(Mark all that apply)

Can We Contact You At Work? Yes No

AM PM
Best Time to Contact You

Are you less than 18 years of age? Yes No If yes, state age **Note:** If under 18 years of age, employment is subject to verification of minimum legal age by age certificate or work permit.

GENERAL INFORMATION

Have you filed an application with Maples before? Yes No If yes, Date

Have you ever been employed by Maples? Yes No If yes, Date Supervisor?

Reason for Leaving?

Are you available to work: Full-time Part-time Temporary 1st Shift 2nd Shift 3rd Shift

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

Who referred you to us/how did you hear about us?

Date available to begin work, if employed?

Are you willing to work overtime? Yes No

Are there restrictions on the hours you can work? Yes No If yes, Explain:

Unscheduled Overtime? Yes No Weekends? Yes No

When required by the job, are you willing to work: 10-Hour Shifts? Yes No 12-Hour Shifts? Yes No

How will you get to work? Will this be a steady means of transportation? Yes No

How far do you live from this location? miles.

Have you been convicted of a felony within the last 5 years? Yes No If yes, please explain (State, date, court, type of crime, place of occurrence, disposition):

Note: Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merits with respect to time and job relatedness.

Are you a U.S. military veteran? Yes No If yes, Branch:

Special Training:

List duties in service which might have prepared you for a position with Maples

EDUCATIONAL DATA

	Grade School	High School	Technical School	College	Graduate / Professional
School Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
City / State	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Years Completed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Type of Degree	<input type="text"/>			Grade Point Average	<input type="text"/>

Specialized Training Courses:

Are you presently attending school? Yes No If yes, where and courses:

PERSONAL REFERENCES

List below the names, phone numbers, and occupations of (3) people other than relatives or former employers who have known you for at least (3) years:

Are you related in any way to any employee at Maples? Yes No If yes, who and what is the relationship?

Name of person employed by Maples (if any) who can confirm the information on this application:

Name

Occupation

How long known?

EMPLOYMENT EXPERIENCE

Note: Please do not refer to resume. Complete all information requested.

List each job held. Start with your present or last job held. Include military service assignments and volunteer activities. Please fill in as much information as you can.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	From	To	Work performed (brief description of your responsibilities)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Hourly Rate / Salary	Starting	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job Title	Supervisor	Last Position Held (Please note promotions)	
<input type="text"/>			
Reason for Leaving		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	From	To	Work performed (brief description of your responsibilities)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Hourly Rate / Salary	Starting	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job Title	Supervisor	Last Position Held (Please note promotions)	
<input type="text"/>			
Reason for Leaving		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Name	From	To	Work performed (brief description of your responsibilities)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	City/State	Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Hourly Rate / Salary	Starting	Final
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Job Title	Supervisor	Last Position Held (Please note promotions)	
<input type="text"/>			
Reason for Leaving		May we contact this employer? <input type="radio"/> Yes <input type="radio"/> No	

ABOUT YOUR JOB EXPERIENCES

What previous job did you like best?

Why?

How would you rate your work quality? Poor Below Average Average Above Average Excellent

How would you rate your attendance? Poor Below Average Average Above Average Excellent

Please explain:

How would you rate your amount of work (i.e., productivity)? Poor Below Average Average Above Average Excellent

Please explain:

Have you ever left a job because you might be fired if you did not quit? Yes No If yes, which job(s)?

Have you ever been fired or asked to resign? Yes No If yes, which job(s)?

Have you ever been a supervisor over other people? Yes No If yes, how many people?

Where?

Position Applying for: (Be Specific)

(1)

(2)

(3)

After training, what wage do you expect to earn? \$

Are you familiar with computer terminals? Yes No

If yes, what kind?

Clerical / Office Applicants

Have you operated office machines: Yes No

PLEASE READ CAREFULLY BEFORE SIGNING

AUTHORIZATION TO RELEASE EMPLOYMENT REFERENCE INFORMATION

By signing below, I give my permission to my former employers to release or disclose to Maples any and all information about my former employment or information that is contained in my prior employment records. I release Maples and all former employers from any liability as a result of the furnishing and disclosing of such information.

*Yes *No *Place your initials in the appropriate space to indicate and document your consent to this authorization.

JOB APPLICANT AGREEMENT

I understand Maples requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete, or misleading statements on this application may be considered sufficient cause for dismissal, if and when discovered. The completion and use of this Application does not indicate there are positions open and does not in any way obligate Maples to hire you or offer you a job.

I authorize personal references as well as developed references, and also authorize other persons, companies, corporations, credit bureaus, schools, medical facilities and law enforcement agencies to furnish to Maples and/or its agents or representatives, any information they have concerning me to include my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of additional information concerning the nature and scope of such inquiries.

In consideration of my potential employment, I agree to conform to the rules of Maples. I understand that I have the right to terminate my employment at any time with or without notice, with or without cause, and that Maples has a similar right. I understand, if hired, my employment by Maples does not constitute a guarantee that any position be continued for any length of time or that any job assignment or shift be permanent. I understand that no one other than the President of Maples has authority to make any other agreement.

I will assign to Maples all my rights to inventions which during the period of my employment I may make solely or jointly with others in the course of my employment with the use of Maples time, material, or facilities, or relating to any subject matter with which my work may be concerned, and will execute any future papers, including applications for patents, which may be necessary to obtain patents to be owned by and registered in the name of Maples.

The Immigration Reform and Control Act of 1986 requires that, after employment, employers verify legal work authorization and identity of all new employees. An offer of employment is dependent upon Maples ability to verify this necessary information. I also understand that E-Verify will be used to determine if I may be eligible for employment.

I understand that the Maples will attempt to verify statements made on my application and made during my employment interview.

/s/

Date

Signature

I further understand and agree that by entering my signature in the box above, whether electronically or otherwise, I am confirming the truthfulness and accuracy of all information in this application.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED