



APPLICATION FOR EMPLOYMENT

Hercules Manufacturing Company
 800 Bob Posey Street P.O. Box 497
 Henderson, KY 42419

270-826-9501
 info@herculesvanbodies.com
 www.herculesvanbodies.com

Equal Opportunity Employer

11/2013

Please Read Before Completing This Application

Hercules Manufacturing is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizenship, age or disability. We assure you that your opportunity for employment with Hercules Manufacturing depends solely on your qualifications. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. Hercules has a drug and alcohol policy that requires preemployment drug testing as a condition for employment as well as random testing after employment. A skills test of basic math, measurement and reading instructions will be required of all applicants.

POSITION APPLYING FOR: _____ DATE: _____

Are you employed now? Yes No If yes, may we contact your current employer? Yes No

Have you ever applied here before? Yes No When? _____

When could you report to work? _____

Personal Information

Are you 18 years of age or older? Yes No

Name

LAST

FIRST

MIDDLE

Address

STREET

CITY

STATE

ZIP

How long have you lived at this address? _____ Phone number: _____

email: _____

Have you been convicted of a crime or violation other than a minor traffic infraction? Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s), imposed, and type(s) of rehabilitation. _____

Educational Information

Circle Highest Grade Completed: 8 9 10 11 12 Did you receive a diploma/GED? Yes No

College/University: 1 2 3 4 Did you receive a degree/certificate? Yes No Title: _____

List any vocational certificates you have received: _____

Type of School	Name of School	Address	Years
High School			
College			
Business/Trade School			
Other/Military			



Applicant Name: _____ Date: _____

Work History *Please list most current employment first*

From: (mo/yr)	Company Name	Phone	Supervisor Name
To: (mo/yr)	Address	Type of Business:	
		Reason for Leaving	
Responsibilities:			
Job title/Position:		Hourly wage/salary:	

From: (mo/yr)	Company Name	Phone	Supervisor Name
To: (mo/yr)	Address	Type of Business:	
		Reason for Leaving	
Responsibilities:			
Job title/Position:		Hourly wage/salary:	

From: (mo/yr)	Company Name	Phone	Supervisor Name
To: (mo/yr)	Address	Type of Business:	
		Reason for Leaving	
Responsibilities:			
Job title/Position:		Hourly wage/salary:	

References *Give three (3) professional /business references who are not relatives.*

Name	Occupation	Years Known	Phone	Email

PLEASE READ CAREFULLY AND SIGN THAT YOU UNDERSTAND AND ACCEPT THIS INFORMATION.

I certify that the information on this application and its supporting documents is accurate and complete. I understand and agree that failure to fully complete the form, or misrepresentation or omission of facts, represents grounds for elimination from consideration for employment, or termination after employment if discovered at a later date. I authorize Hercules Manufacturing to investigate, without liability, all statements contained in this application and supporting materials. I authorize references and former employers, without liability, to make full response to any inquiries in connection with this application for employment. If requested, I agree to submit to a physical exam, criminal background investigation, and/or screening for illegal substances upon conditional offer of employment. I understand that this document is NOT an offer of employment, and that an offer of employment, if tendered, does NOT constitute a contract for continued guaranteed employment. I understand that staff employees of Hercules Manufacturing serve at-will, and the employment relationship may be terminated at any time by either party, or any or no reason, other than a reason prohibited by law. If employed, I will be required to furnish proof of eligibility to work in the United States, to file a State security questionnaire and State loyalty oath, and to comply with company and departmental regulations. I understand that the first 90 days of regular employment represent a provisional period, during which I would not be eligible to apply for transfer or promotion and during which I may be terminated without right of appeal.

Applicant Signature: _____ Date: _____

Thank you for completing this application form and for your interest in our business.