

GENERAL STORE

BAYVILLE POSTAL SERVICES

EMPLOYMENT APPLICATION

PLEASE NOTE: You must fill out the application completely including

sign and date last page, to be considered for employment.

PLEASE PRINT			TODAYS DATE				
	MI	Last Name					
Street Address	Apt #	City	State	Zip Code			
Primary Phone	Email Address						
PLEASE PLACE A CHE	CK BY YOUR RESPONSE	OR PROVIDE THE APPROF	PRIATE INFORMATION				
Desired Employment Year Rol	und	Seasonal (April—Octobe	er)	Temporary			
Full time (32hrs + per week) Part time (31 hrs - or less per week)							
Preferred schedule: Weekdays Weekends Day shift Night shift							
Positions Applying forLocationLocation COMPENSATION WILL ALWAYS MEET STATE AND FEDERAL MINIMUM REQUIREMENTS AND WILL BE FORWARDED ONCE YOUR APPLICATION HAS BEEN EVALUATED AND BASED ON EXPERIENCE AND AVAILIBILITY							
Desired Hourly Rate \$ First available date? (Seasonal) anticipated departure date?							
PLEASE CHECK YES OR NO TO THE FOLL	OWING:						
Are you authorized to work in the United States?YesNo							
Are you 21 years of age or older? (Appli	Yes	No					
Are you capable of performing the required tasks of the job for which you are applying,							
with or without reasonable accommoda	Yes	No					
Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. Incompliance with these laws, Adkins Inc. is required to verify the status of every individual offered employment with the company. In conjunction with these requirements, all offers of employment are subject to verification of the applicants identity and authorization to work, and it will be required that the applicant submit such documents as are required by law to satisfy these requirements.							

Adkins, Inc is an equal opportunity employer and does not discriminate against any applicant or employee based upon their race, gender, age, religion, national origin, sexual orientation, disability, or military or veteran status, in accordance with all federal, state and local laws in all jurisdictions in which *Adkins, Inc.* maintains facilities. *Adkins Inc.* also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws. **Applications should be completed IN FULL to be considered for employment.**

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PAST EXPERIENCE/REFERENCES: Please list your last two work experiences from most to least recent.

Company Name:	Company Address:					
Company Phone #:	npany Phone #: Type of business:					
Your job title:	Dates Worked: <i>from</i> / <i>to</i> /					
Starting Pay/Salary: \$	Ending Pay/Salary: \$					
Supervisors Name:	Phone:					
Was your Departure from the company?	VoluntaryInvoluntary (check the applicable box)					
Reason for Departure?						
Briefly list and describe major duties and res	sponsibilities of the position for which you were employed:					
Company Name	Company Address					
Company Name:	Company Address:					
Company Name: Company Phone #:						
	Type of business:					
Company Phone #:	Type of business: Dates Worked: <i>from</i> / <i>to</i> /					
Company Phone #: Your job title:	Type of business: Dates Worked: from/ to/ Ending Pay per Hour/Salary: \$					
Company Phone #: Your job title: Starting Pay per Hour/ Salary: \$ Supervisors Name:	Type of business: Dates Worked: from/ to/ Ending Pay per Hour/Salary: \$					
Company Phone #: Your job title: Starting Pay per Hour/ Salary: \$ Supervisors Name: Was your Departure from the company?	Type of business: Dates Worked: from/ to/ Ending Pay per Hour/Salary: \$ Phone:					
Company Phone #: Your job title: Starting Pay per Hour/ Salary: \$ Supervisors Name: Was your Departure from the company? Reason for Departure?	<pre> Type of business: Dates Worked: from/ to/ Ending Pay per Hour/Salary: \$ Phone: VoluntaryInvoluntary (check the applicable box)</pre>					
Company Phone #: Your job title: Starting Pay per Hour/ Salary: \$ Supervisors Name: Was your Departure from the company? Reason for Departure?	<pre> Type of business: to/</pre>					
Company Phone #: Your job title: Starting Pay per Hour/ Salary: \$ Supervisors Name: Was your Departure from the company? Reason for Departure?	<pre> Type of business: to/</pre>					

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EDUCATION HISTORY:

NAME AND ADRESS OF SCHOOL	DATES ATTENDED	COURSEWORK STUDIED	DEGREE EARNED?
HIGH SCHOOL OR PREPATORY SCOOL			
TECHNICAL OR VOCATIONAL SCHOOL			
COLLEGE OR JUNIOR COLLEGE			
GRADUATE SCHOOL			

PROFESSIONAL / PERSONAL REFERENCES (PLEASE LIST AT LEAST TWO) :

NAME	RELATIONSHIP	COMPANY	CONTACT PHONE #

** Adkins Inc. requires that all prior work, professional and educational history provided by an applicant be contacted and verified prior to any official offer of employment being extended.

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PLEASE RED CAREFULLY AND COMPLETELY BEFORE SIGNING THE APPLICATION

I have submitted the attached forms to the Company for the purpose of obtaining employment. I acknowledge that use of this form, and my filling it out, does not indicate that any positions are available, nor does obligate the company to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume or other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Company's employ.

I also affirm that I have not signed any kind of restrictive document creating any obligation to any former employer that would restrict my acceptance of employment with the Company in the position I am seeking.

I understand that this application is not an employment contract for any specific length of time between the Company and me, and that in the event I am hired, my employment will be "at will" and either the Company or I can terminate my employment with or without cause and with or without notice at any time. Nothing contained in any handbook, manual, policy and the like, distributed by the Company to it's employees is intended to or can create an employment contract, an offer of employment or any obligation on the Company's part. The Company may, at it's sole discretion, hold in abeyance or revoke, amend or modify, abridge or change any benefit, policy practice, condition or process affecting it's employees.

<u>References:</u> I hereby authorize the Company and it's agents to make such investigations and inquiries into my employment and educational history and other related matters as is necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from liability in responding to inquires connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me on this form. Furthermore, I authorize the Company and it's agents to release any reference information to clients who request such information for the purposes of evaluating my credentials and qualifications.

<u>Temporary/Contract Employment:</u> If employed as a temporary or contract employee, I understand I may be an employee of the Company and not of any client. If employed, I further understand that my employment is not guaranteed for any specific time and may be terminated at any time for any reason. I further understand that a contract will exist between the Company and each client to whom I may be assigned which will require the client to pay a fee to the Company in the event that I accept direct employment with the client. I agree to notify the Company immediately should I be offered direct employment by a client (or by referral of the client to any other subsidiary or affiliated company) either for a permanent temporary (including assignments through another agency) or consulting positions during my assignment or after my assignment has ended.

SIGNED: _

DATE: ____