



234 Old Weaverville Road, Asheville, NC 28804

Date:

Application For Employment

Prospective employees will receive consideration without discrimination based on race, color, religion, creed, sex, sexual orientation, gender, age, disability, marital status, national origin, veteran status, citizenship status, or any other characteristic protected by law.

(Please Print Plainly)

PERSONAL

Last Name:	First Name:	Middle Name:
		Home Telephone: ()
Address:		Business Telephone: ()
		Cell Phone: ()
City, State, Zip:		Social Security #
Position Desired:		Desired Salary:
How did you learn about us?		
Apart for absence for religious observance, are you available for full-time work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If not, what hours can you work?		
Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No		
When will you be available to begin work?		
Are you legally eligible for employment in the US? (Proof of eligibility will be required upon employment) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do any friends or relatives work here? <input type="checkbox"/> Yes <input type="checkbox"/> No (Does not imply a guarantee of hiring)		
Are you 18 years old or older? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," can you furnish a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you on layoff status, subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever applied with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "yes," with what employers?		
Have you been convicted of any crimes in the past ten years, excluding misdemeanors and summary offenses, which have not been annulled, expunged, or sealed by a court? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes" describe in full:		
Did you serve in the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," what branch?		
Other special training or skills (computer programs, languages, machine operation, etc.):		

EDUCATION

School	Name and Address of School	Course of Study	Check Last Year Completed	Did you Graduate?
Elementary		X		<input type="checkbox"/> Yes
				<input type="checkbox"/> No
High School			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Yes
			<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> No
College			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Yes
			<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> No
Other (specify)			<input type="checkbox"/> 1 <input type="checkbox"/> 3	<input type="checkbox"/> Yes
			<input type="checkbox"/> 2 <input type="checkbox"/> 4	<input type="checkbox"/> No

EMPLOYMENT HISTORY	
Name and Address of Company	Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.
Company Name:	Telephone: ()
Address:	Employed
City, State, Zip:	From: To:
Name of Supervisor:	Weekly Pay
May We Contact?:	Start: Last:
State Job Title and Describe Your Work:	Reason for Leaving:
Name and Address of Company	
Company Name:	Telephone: ()
Address:	Employed
City, State, Zip:	From: To:
Name of Supervisor:	Weekly Pay
May We Contact?:	Start: Last:
State Job Title and Describe Your Work:	Reason for Leaving:
Name and Address of Company	
Company Name:	Telephone: ()
Address:	Employed
City, State, Zip:	From: To:
Name of Supervisor:	Weekly Pay
May We Contact?:	Start: Last:
State Job Title and Describe Your Work:	Reason for Leaving:
Name and Address of Company	
Company Name:	Telephone: ()
Address:	Employed
City, State, Zip:	From: To:
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May We Contact?:	Start: Last:
State Job Title and Describe Your Work:	Reason for Leaving:
Name and Address of Company	
Company Name:	Telephone: ()
Address:	Employed
City, State, Zip:	From: To:
Name of Supervisor:	Weekly Pay
May We Contact?:	Start: Last:
State Job Title and Describe Your Work:	Reason for Leaving:

REFERENCES
Name:
Address:
City, State, Zip:
Telephone: ()
State Connection to this Person:
Comments (for interviewer):
Name:
Address:
City, State, Zip:
Telephone: ()
State Connection to this Person:
Comments (for interviewer):
Name:
Address:
City, State, Zip:
Telephone: ()
State Connection to this Person:
Comments (for interviewer):
Name:
Address:
City, State, Zip:
Telephone: ()
State Connection to this Person:
Comments (for interviewer):

In case of an emergency, notify:

Name:

Phone Number:()

Address:

Can you perform the essential functions of the job for which you are applying, either with or without a reasonable accommodation?

Yes

No

If No, please describe

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work at Palmer Wahl Instruments?

Please read and understand this statement before signing your application:

I certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that falsified statements on this application in any detail shall be considered sufficient cause for disqualification from further consideration for hire, or for dismissal after employment begins.

I authorize the employer to contact and obtain information about me from previous employers, educational institutions, and "references" I provided, and any other party necessary to verify the accuracy of information I disclosed in this application, a related employment résumé or a personal interview. To assist in the processing of my application, I waive all rights and claims I may otherwise have against the employer or its representatives, for seeking and using information to evaluate my employment request and all other persons, corporations, or organizations who provide information for this purpose.

Further, I agree that, if employed, I will conform my conduct to Palmer Wahl's rules and regulations and understand that, any employment relationship is of an "at will" nature, which means my employment can be terminated with or without cause, and with or without notice, at any time, at either Palmer Wahl's option, or my option.

I fully understand and accept all term and conditions in the above statement.

Applicant's Signature:

Date:



**Please be aware that this last section may be mailed to the provider of information
when seeking a reference by mail.**

AUTHORIZATION

I authorize Palmer Instruments, Inc. or Wahl Instruments, Inc. (hereinafter referred to as Palmer Wahl) to make any investigation of my personal or employment history and authorize any former employer, person, firm, corporation, credit agency, or government agency to give Palmer Wahl any information they may have regarding me. In consideration of Palmer Wahl's review of this application, I release Palmer Wahl and all providers of information from any liability as a result of furnishing and receiving this information.

Applicant's Signature

Social Security Number

Date



PRE-EMPLOYMENT DRUG/ALCOHOL TESTING CONSENT AND RELEASE FORM

I hereby consent to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis, as shall be determined by PALMER WAHL, in order to meet with their policy regarding the selection of applicants for employment.

I further authorize and give full permission to have the Company and/or its authorized agents and physicians to send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the Company. I further agree to and hereby authorize the release of the results of said tests to the Company.

I understand that it is the current use of illegal drugs that would prohibit me from being employed at this Company.

I also understand that if I am taking medications prescribed by a physician, I must disclose that information at the time of testing, and produce documentation of the prescription.

I further agree that if after I am employed, Palmer Wahl has a reasonable suspicion, that I may be tested for drug use at any time.

I further agree to hold harmless the Company and its agents and physicians from any liability arising in whole or part, out of the collection of specimens, testing, and use of the information from said testing in connection with the Company's consideration of my application of employment.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is a voluntary act on my part and that I have not been coerced into signing this document by anyone.

Note: it is not necessary to have a witness for this form until you have been interviewed.

APPLICANT:

Print Name: _____

Signature: _____

Date: _____

WITNESS:

Print Name: _____

Signature: _____

Date: _____