



2325 Husky Way • Pacific, MO 63069
 (800) 325-3558 • Fax (636) 825-7369
 www.husky.com

DATE _____

EMAIL APPLICATION TO:
 jstaelens@husky.com

EMPLOYMENT APPLICATION

PERSONAL INFORMATION

LAST NAME _____ FIRST NAME _____ SOCIAL SECURITY NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE NO. _____ REFERRED BY _____

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____

ARE YOU EMPLOYED NOW? YES NO IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

EVER APPLIED TO HUSKY CORP. BEFORE? YES NO WHEN _____

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECT STUDIED
HIGH SCHOOL _____	_____	_____	_____
COLLEGE _____	_____	_____	_____
TRADE SCHOOL _____	_____	_____	_____

GENERAL INFORMATION

SUBJECT OF SPECIAL STUDY/RESEARCH WORK _____

SPECIAL TRAINING _____

SPECIAL SKILLS _____

U.S. MILITARY OR NAVAL SERVICE _____ RANK _____

WORK HISTORY (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME, CITY AND STATE OF EMPLOYER	POSITION	REASON FOR LEAVING
FROM _____ TO _____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____
FROM _____ TO _____	_____	_____	_____

REFERENCES (GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST 1 YEAR)

NAME	ADDRESS	BUSINESS	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter in any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by Americans with Disabilities Act (ADA) and other relevant federal and state laws.

In compliance with federal law, all persons hired will be required to verify identity and eligibility to work in the United States and to complete the required employment eligibility verification document form upon hire.

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

NOTES

APPROVED:

EMPLOYMENT MANAGER _____ DEPARTMENT HEAD _____

GENERAL MANAGER _____