

Applicant Name: _____

Last, First, M.I.

Contact Number: _____

Today's Date: _____

Position Applying For: _____

Math Test Score: _____

(If Applicable)



States Logistics Services, Incorporated

"Complete Warehousing, Transportation and Packaging Services"

www.stateslogistics.com

EMPLOYMENT APPLICATION

Applications received at the following company locations:

5650 Dolly Avenue
Buena Park, CA 90621

5590 Francis Ave.
Ontario, CA 91761

670 S. 91st Ave.
Tolleson, AZ 85353



Name: _____

Application for Employment

States Logistics Services, Inc. is an equal opportunity employer. States Logistics Services, Inc. does not discriminate in recruitment, hiring or terms or conditions of employment on the basis of race, religious creed, color, age, sex, gender identity, genetic information, sexual orientation, national origin, religion, marital status, medical condition, physical or mental disability, military service, pregnancy, childbirth and related medical conditions, or any other classification protected by federal, state, and local laws and ordinances. States Logistics Services, Inc. also provides reasonable accommodations to disabled individuals to assist in the hiring process and to qualified individuals with disabilities in the performance of essential job functions, as required by federal, state or local law.

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION ____/____/____

NAME: _____

LAST FIRST MIDDLE

PRESENT ADDRESS: _____

STREET CITY STATE ZIP

TELEPHONE (____) ALTERNATE PHONE (____)

Have you been known by any other name? Yes No. If Yes, please list the name(s) and dates of use:

How did you hear about us? _____

If you are under 18, can you furnish a work permit? YES NO

Have you ever been employed by States Logistics Services, Inc. before? YES NO

If Yes, provide dates: _____

Are you legally authorized to work in the United States? YES NO

(Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work ____/____/____ Desired Salary\$ _____

Type of employment desired: Full-Time Part-Time Temporary Can you work Overtime: YES NO

Are you available weekends: YES NO Which shift would you prefer: 1st 2nd 3rd

Have you ever been convicted of a misdemeanor or felony? You need not identify convictions which have been sealed, expunged or otherwise eradicated by statute or court order, any marijuana-related convictions which are more than two years old, or information pertaining to referral to and participation in any pre-trial or post-trial diversion program. YES NO

(Such conviction may be relevant if job-related, but does not necessarily bar you from employment.)

If yes, please explain (include dates, nature of conviction) _____

Name: _____

EMPLOYMENT HISTORY

List your last four (4) employers, starting with the most recent. Please account for any gaps/breaks in your employment history. You may attach additional sheets, if needed.

FROM ___/___/___ TO ___/___/___

EMPLOYER NAME _____ (_____) TELEPHONE, including area code

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

IMMEDIATE SUPERVISOR, TITLE _____

TITLE & JOB DESCRIPTION (Summarize the nature of work performed and job responsibilities)

REASON FOR LEAVING _____ \$ _____ ENDING BASE SALARY, NOT INCLUDING OVERTIME, BONUSES OR COMMISSIONS

FROM ___/___/___ TO ___/___/___

EMPLOYER NAME _____ (_____) TELEPHONE, including area code

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

IMMEDIATE SUPERVISOR, TITLE _____

TITLE & JOB DESCRIPTION (Summarize the nature of work performed and job responsibilities)

REASON FOR LEAVING _____ \$ _____ ENDING BASE SALARY, NOT INCLUDING OVERTIME, BONUSES OR COMMISSIONS

FROM ___/___/___ TO ___/___/___

EMPLOYER NAME _____ (_____) TELEPHONE, including area code

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

IMMEDIATE SUPERVISOR, TITLE _____

TITLE & JOB DESCRIPTION (Summarize the nature of work performed and job responsibilities)

REASON FOR LEAVING _____ \$ _____ ENDING BASE SALARY, NOT INCLUDING OVERTIME, BONUSES OR COMMISSIONS

FROM ___/___/___ TO ___/___/___

EMPLOYER NAME _____ (_____) TELEPHONE, including area code

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

IMMEDIATE SUPERVISOR, TITLE _____

TITLE & JOB DESCRIPTION (Summarize the nature of work performed and job responsibilities)

REASON FOR LEAVING _____ \$ _____ ENDING BASE SALARY, NOT INCLUDING OVERTIME, BONUSES OR COMMISSIONS

Name: _____

ADDITIONAL INFORMATION

In the space provided below, provide any additional information you feel will assist us in evaluating your qualifications for employment, including technical training/education, foreign language proficiency, professional registrations, memberships and scholastic awards, honors. (You may exclude affiliations which might indicate race, religious creed, color, age, sex, gender identity, genetic information, sexual orientation, national origin, religion, marital status, medical condition, physical or mental disability, military service, pregnancy, childbirth and related medical conditions, or any other classification protected by federal, state, and local laws and ordinances.)

EDUCATIONAL BACKGROUND

	NAME AND LOCATION	NUMBER OF YEARS COMPLETED	DEGREE	MAJOR
HIGH SCHOOL				
COLLEGE				
TRAINING/ CERTIFICATES				

Please specify any foreign languages you are fluent in: _____ Speak Read Write

REFERENCES (Do not include relatives)

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	YEARS KNOWN

CERTIFICATION - PLEASE READ CAREFULLY

I consent to and authorize States Logistics Services, Inc. to contact my former employers, references, and any and all other persons and organizations for information bearing upon my qualifications for employment. I further authorize the listed employers, schools and personal references to give the employer (without further notice to me) any and all information about my previous employment and education, along with any other pertinent information they may have and hereby waive any actions which I may have against either party(ies) for providing such information reference.

I EXPRESSLY AGREE AND UNDERSTAND THAT, IF EMPLOYED, MY EMPLOYMENT, HAVING NO SPECIFIED TERM, IS BASED UPON MUTUAL CONSENT AND MAY BE TERMINATED AT WILL, WITH OR WITHOUT CAUSE, BY EITHER PARTY (THE EMPLOYER OR ME) WITHOUT PRIOR NOTICE TO THE OTHER. I ALSO UNDERSTAND THAT THIS ASPECT OF MY EMPLOYMENT MAY NOT CHANGE ABSENT AN INDIVIDUAL WRITTEN AGREEMENT SIGNED BY BOTH ME AND THE PRESIDENT OF THE EMPLOYER. THIS APPLICATION DOES NOT CONSTITUTE AN AGREEMENT OR CONTRACT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OR DEFINITE DURATION.

I further understand and agree that, if hired, upon termination of my employment, I will promptly return all property in my custody belonging to the employer, including, but not limited to, office keys, key cards, manuals and computer equipment.

This application is current for 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

I certify, under penalty of perjury, that all of the above information is true and complete, and I understand that any falsification or omission of information may result in denial of employment or, if hired, may result in my termination from employment.

Print Name: _____

Signature of Applicant: _____ Date ____/____/____

Name: _____

Application Received by: _____

Date: _____

Comments:

Interviewer: _____

Date: _____

Interview Notes:

Interviewer: _____

Date: _____

Interview Notes:

Interviewer: _____

Date: _____

Interview Notes:

For Manager Use Only

Position Offered: _____

Hire Date: _____

Shift: ___ 1st ___ 2nd ___ 3rd Work Hours: _____ Location: _____ Starting Pay: \$ _____

Please check box if position requires: Forklift Certification Provia Email

Manager Signature: _____

Title: _____



APPLICANT Data Sheet

Job Req. # _____

Please complete this Equal Employment Opportunity data sheet. It will supply us with information we need for federal reporting obligations. Please be advised that this information will be used and kept confidential, in accordance with applicable laws and regulations. **This information will not be used as the basis for any adverse employment decision.**

Position Applying For: _____ Date: _____

Name (Optional): _____

EEO-1 SELF-IDENTIFICATION

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we invite you to voluntarily self-identify your race or ethnicity. **Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment.** The information obtained will be kept confidential and may only be used in accordance with provision of applicable laws, executive orders and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Male Female

Please check the EEO-1 Identification group that best applies to you:

- Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races
- I elect not to self-identify** - I understand that in doing so, human resources will be required to classify me.

HR USE ONLY: _____, Human Resources Representative; has identified that this person's

(Please Print Name)

classification best matches the box checked and initialed above.