

PRE-OFFER APPLICATION PACKET



APPLICANT INSTRUCTIONS

If you need help filling out this application packet or for any phase of the employment process, please notify the person that gave you this packet and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please read "APPLICANT NOTE" below.
2. Complete all pages.
3. If more space is needed to complete any question, use additional sheets.
4. Print clearly; incomplete or illegible applications will not be processed. Please note "Not Applicable" if not answering a question.
5. Some packets may include an AFFIRMATIVE ACTION QUESTIONNAIRE. This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept separate and confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

TODAY'S DATE: _____

NAME: _____
LAST FIRST M.I.

SOCIAL SECURITY NUMBER: _____

HOME PHONE: _____ WORK PHONE: _____

CURRENT ADDRESS: _____
STREET

CITY STATE ZIP

PRIOR ADDRESS: _____
STREET

CITY STATE ZIP

APPLICANT NOTE

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all appropriate questions completely and accurately. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. All qualified applicants will receive consideration without discrimination because of sex, marital status, race, color, age, creed, national origin, sexual orientations, military reserve membership, ancestry, religion, height, weight, use of a guide or support animal because of blindness, deafness or physical handicap, or the presence of disabilities. Additional testing of job-related skills and for the presence of drugs/alcohol in your body may be required prior to employment. After an offer of employment, and prior to reporting to work, you may be required to submit to a medical review. Depending on company policy and the needs of the job, you will be required to complete a medical history form and may be required to be examined by a medical professional designated by the company.

AVAILABILITY

For which position are you applying? _____ What date can you start? _____

What category would you prefer? Full-time Part-time/Temporary

For which schedules are you available? Weekdays Weekends Evenings Nights Overtime Shift Other _____

How did you learn about Global? Walk-in Ad Temp Service Unemployment Other _____

JOB-RELATED SKILLS

NOTE: Do not fill out any part of this section you believe to be non-job related.

Yes No If the job requires, do you have the appropriate valid drivers license? Type _____ Name on license _____ DL# _____ State of issue _____

Yes No Have you had any moving violations? Please describe.

Please list any other skills, licenses or certificates that may be job-related or that you feel would be of value to this job or company. _____

Yes No Have you been given a job description or had the essential functions of the job explained to you?

Yes No Do you understand these essential functions?

Yes No Can you perform the essential functions of this job with or without reasonable accommodation?

SECURITY

List states and counties of residence for the past seven years. _____

Yes No Have you used any names or Social Security Numbers other than given above? If so, please use additional sheets.

Yes No Have you been convicted of a crime in the past seven years? If so, please describe in the boxes below.

INCIDENT	CITY/STATE	CHARGE
1.		
2.		

AFFIRMATIVE ACTION QUESTIONNAIRE

This information is being gathered for affirmative action under Section 503 of the Rehabilitation Act of 1973. The information requested is voluntary and will be kept confidential. An applicant will not be subject to any adverse treatment for refusing to complete the questionnaire.

The purpose of this section is to assist in monitoring Affirmative Action Programs and to aid in complying with any required Government record keeping or periodic reporting. This information is not part of your employment application, and will not be considered in the employment/selection process. If you choose to provide the information, please complete the following:

Title of job applied for: _____

RACE (check one)

- White - origins in Europe, North Africa, or Middle East
- Asian - origins in Far East, S.E. Asia, India or Pacific Islands
- Black - origins in Africa
- Hispanic – origins in Mexico, Puerto Rico, Cuba, Central or South America
- American Indian - origins in North America, to exclude Alaska

PHYSICAL CONDITION

- (1) No Handicap
- (2) Physically Handicapped (No Facility Modification)
- (3) Physically Handicapped (Facility Modification)
- (4) Health Handicapped (Heart Attack, Diabetic, Seizures, etc.)
- (5) Mentally Handicapped (Learning Disabled)

SEX

- Male
- Female

VETERANS/U.S. MILITARY STATUS

- (0) Non-Veteran
- (1) Pre-Vietnam Veteran
- (2) Pre-Vietnam Veteran with service incurred disability
- (3) Vietnam Era Veteran (8/5/64 - 5/7/75)
- (4) Vietnam Era Veteran with service incurred disability
- (5) Post Vietnam Veteran
- (6) Post Vietnam Veteran with service incurred disability

ACTIVE NATIONAL GUARD RESERVIST (check one)

- Yes
- No

Personal and Confidential

This page contains sensitive information, store in secure "medical only" files, separately from personnel records!

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PRE-EMPLOYMENT INQUIRY AUTHORIZATION RELEASE

In connection with my application for employment, I understand and agree that background inquiries may be requested by you or on your behalf that will seek information as to my character, work habits, including oral assessments of my job performance, experiences and abilities, along with reasons for termination of past employment. Furthermore, I understand and agree that you may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and other past experiences.

I acknowledge that a telephonic facsimile or copy of this release shall be as valid as the original. This release is valid for all federal, state, county and local agencies and authorities.

The following is my complete and legal name, and all information is true and correct to the best of my knowledge.

Last Name		First	Middle
Birth Date:		Driver's License # & State	
SSN:			
Former Names and time frames (if applicable)			
Current Address	City/State	Zip & County	Dates(Month/Year)
Previous addresses			
Address	City/State	Zip & County	Dates(Month/Year)

 Applicant Signature

 Date