



# JOB FAIR APPLICATION

(AN EQUAL OPPORTUNITY EMPLOYER)

## PERSONAL

POSITION(S) APPLIED FOR \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_

NAME \_\_\_\_\_  
 LAST FIRST MIDDLE

ADDRESS \_\_\_\_\_  
 STREET CITY STATE ZIP CODE

EMAIL ADDRESS \_\_\_\_\_

PHONE #( ) \_\_\_\_\_ ALTERNATE PHONE #( ) \_\_\_\_\_

DATE AVAILABLE TO WORK \_\_\_\_/\_\_\_\_/\_\_\_\_

WAREHOUSE  
 1ST SHIFT  
 2ND SHIFT

TYPE OF EMPLOYMENT DESIRED  FULL TIME  PART TIME  TEMPORARY  SEASONAL INTERNSHIP  CUSTOMER SERVICE

HAVE YOU APPLIED/INTERVIEWED WITH ULINE IN THE LAST 6 MONTHS?  YES  NO

DO YOU HAVE A CHECKING OR SAVINGS ACCOUNT INTO WHICH ULINE CAN DIRECT DEPOSIT YOUR PAY?  YES  NO  
 IF NOT, WOULD YOU BE WILLING TO ESTABLISH ONE?  YES  NO

## EMPLOYMENT HISTORY

PROVIDE THE FOLLOWING INFORMATION FOR YOUR PAST 3 EMPLOYERS, ASSIGNMENTS, OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT:

FROM _____	TO _____	EMPLOYER _____	( ) _____ PHONE _____
JOB TITLE _____		ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____	
REASON FOR LEAVING _____		SALARY _____	
		START \$ _____ PER _____ FINAL \$ _____ PER _____	

FROM _____	TO _____	EMPLOYER _____	( ) _____ PHONE _____
JOB TITLE _____		ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____	
REASON FOR LEAVING _____		SALARY _____	
		START \$ _____ PER _____ FINAL \$ _____ PER _____	

## EMPLOYMENT HISTORY CONTINUED

FROM _____	TO _____	EMPLOYER _____	( ) PHONE _____
JOB TITLE _____	ADDRESS _____		
IMMEDIATE SUPERVISOR AND TITLE _____	SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____		
REASON FOR LEAVING _____	SALARY START \$ _____ PER _____ FINAL \$ _____ PER _____		

## EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
COLLEGE/UNIVERSITY			
OTHER			

SPECIAL SKILLS:

AVOCATIONAL INTERESTS OR HOBBIES:

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute a contract for employment for any specified period. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

REFERRAL SOURCE: HOW DID YOU HEAR ABOUT THIS POSITION? \_\_\_\_\_