

DO NOT substitute
Resume for completed
Employment Application!

APPLICATION FOR EMPLOYMENT

SYFAN LOGISTICS
P. O. Box 1294, Gainesville, GA 30503
FAX: 678-450-7788 • Email: hr@syfancorp.com
An Equal Opportunity Employer



PERSONAL:

Last Name	First	Middle	Date
Present Address Street and number	Apt.#	How long have you lived there? Years _____ Months _____	Social Security #
City, State, Zip			Home Phone
Previous Address Street and number	Apt.#	How long have you lived there? Years _____ Months _____	Cell Phone
City, State, Zip			Salary Required
Have you ever applied for employment at Syfan Logistics before under this name or another name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year			Email Address
Have you ever worked for Syfan Logistics? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and Year			Is there any reason you cannot be at work every day and work a full day? <input type="checkbox"/> Yes <input type="checkbox"/> No
When will you be available for work?	Shift Desired:	Will you work overtime if asked? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you learn of our organization? (Employee's name, if applicable) Source: _____ Person's Name: _____			
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, what steps must be taken for you to begin employment lawfully?			
POSITION DESIRED: <input type="checkbox"/> Accounting <input type="checkbox"/> Administration <input type="checkbox"/> Routing/Dispatch <input type="checkbox"/> Support <input type="checkbox"/> Clerical <input type="checkbox"/> Sales/CSR <input type="checkbox"/> Other			
Have you been fired, discharged, or asked to resign from any job within the past 7 years? If yes, please explain circumstances:			<input type="checkbox"/> Yes <input type="checkbox"/> No
May we contact your current employer? If no, please explain:			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives working for Syfan Logistics? Name _____ Position _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives working for a competitor? Name _____ Position _____			<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION:

	Name & Location of School	Course of Study	No. of Yrs. Completed	Did you Graduate?	Degree or Diploma
<input type="checkbox"/> High School					
<input type="checkbox"/> Business, Trade, Technical, Correspondence					
<input type="checkbox"/> College/University					
<input type="checkbox"/> Graduate/Professional					

EMPLOYMENT HISTORY:

Please give accurate employment records for the past 10 years.
Start with your present or most recent employer.

Company Name	Telephone
Address	Dates: From To
Name of Supervisor and Title	Beginning Salary per Ending Salary per
State Job Title and Description	
Reason for Leaving	Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Company Name	Telephone
Address	Dates: From To
Name of Supervisor and Title	Beginning Salary per Ending Salary per
State Job Title and Description	
Reason for Leaving	Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Company Name	Telephone
Address	Dates: From To
Name of Supervisor and Title	Beginning Salary per Ending Salary per
State Job Title and Description	
Reason for Leaving	Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Company Name	Telephone
Address	Dates: From To
Name of Supervisor and Title	Beginning Salary per Ending Salary per
State Job Title and Description	
Reason for Leaving	Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?
Company Name	Telephone
Address	Dates: From To
Name of Supervisor and Title	Beginning Salary per Ending Salary per
State Job Title and Description	
Reason for Leaving	Eligible for rehire: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, why?

PERIODS OF UNEMPLOYMENT:

Please account for all periods of unemployment greater than one month in the last 10 years.

From / To	REASON FOR UNEMPLOYMENT

COMPUTER SKILLS:

Do you have computer experience? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, _____ months _____ years
Programs used: _____ Typing W/P/M

Please list **3 WORK RELATED REFERENCES** we may contact (excluding relatives).

	NAME	ADDRESS	PHONE	YRS. KNOWN
1				
2				
3				

**APPLICATION FOR EMPLOYMENT
(WE ARE AN EQUAL OPPORTUNITY EMPLOYER)**

APPLICANT'S STATEMENT: I understand that the Company is committed to providing equal opportunity in all employment practices, including but not limited to selection, hiring promotion, transfer and compensation to all qualified applicants and employees without regard to age, race, color, national origin, sex, gender identity, sexual orientation, religion, handicap or disability, citizenship status, service member status, marital status or any other category protected by federal, state or local law.

I authorize former and present employers and professional, work and personal references listed in the application and any other individuals I may name to give the Company or its designee any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release such parties from all liability for any damages that may result from furnishing same to the Company. I also authorize the Company to provide truthful information concerning my employment with it to future employers and I agree to hold it harmless for providing such information.

I understand that the Company reserves the right, to the extent permitted by law, to require a drug and alcohol screening tests of an applicant or an employee either prior to employment or any time during employment, and I hereby give my consent to any such tests. I consent to the release of the results of any such tests to the Company or its designee. I release the Company and its designee from any and all liability and damages that may result or arise from any drug test or the provisions of information in connection with such a test.

I understand that this employment application and any other Company documents are not promises of employment. SHOULD I BE EMPLOYED, I UNDERSTAND THAT MY EMPLOYMENT WILL BE ON AN AT-WILL BASIS. I FURTHER UNDERSTAND THAT, IF I AM EMPLOYED, I CAN TERMINATE MY EMPLOYMENT AT ANY TIME WITH OR WITHOUT CAUSE AND WITH OR WITHOUT ADVANCE NOTICE AND THAT THE COMPANY HAS A SIMILAR RIGHT. I understand that no manager, representative or agent of the Company has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing, except that the President may do so in writing.

I certify that the information given by me on this application and during the interview process is true and complete in all respects, and I agree that if the information is found to be false, misleading or unsatisfactory in any respect (in the Company's judgment) that I will be disqualified from consideration for employment are subject to immediate dismissal if discovered after I am hired.

I certify that I have received a separate written notification that the Company may obtain a consumer report on me for use in connection with my application and, if I am hired, my employment with the Company.

This application will be considered "active" for a maximum of thirty (30) days. If you wish to be considered for employment after that time, you must reapply.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THESE STATEMENTS

Date

Applicant's Signature

Print Name

Please FAX or email completed application to:

SYFAN LOGISTICS

P. O. Box 1294, Gainesville, GA 30503

FAX: 678-450-7788

Email: hr@syfancorp.com

An Equal Opportunity Employer