

REFERENCES

(Please name two work, school or business references who are not personally related to you and who are not previous supervisors.)

Name	Telephone Number
How Known by You	Years Known
Name	Telephone Number
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Name	Telephone Number
How Known by You	Years Known

I affirm that the above information is correct. I understand that any falsified statements or omissions of facts on this application shall be sufficient cause for dismissal if I am employed. I understand that I am required to abide by all rules and regulations set forth by Schafer Retail Solutions +. I further understand that employment with Schafer Retail Solutions+ and wholly owned subsidiaries and affiliates is contingent upon successfully passing a pre-employment drug screen.

I understand that nothing contained in this application is intended to create an employment contract between Schafer Retail Solutions + and me. In addition, I understand and agree that, if I am employed, my employment will be "at will", terminable by me or the company for any reason, at any time, with or without notice. No promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the President of the company.

In order to assist Schafer Retail Solutions+ in conducting a background check, I authorize the company to investigate my employment history, educational background, criminal history, personal references, credit record, and driving record. I further authorize any present or former employer, education institution, personal references, public agency, or other person or entities contacted by the company to disclose to the company upon request any information they may have about me. I release any such persons or entities from any and all liabilities for disclosing such information to the company.

I have read and fully understand the foregoing and seek employment under these conditions.

Date: _____ Signature: _____

You can email your application to accounting@schafer.com



1000 Flag Rd, Adair, IA 50002 Phone: 641-742-3266 Toll: 800-222-4489 www.schaferr.com

**APPLICATION FOR EMPLOYMENT
(Please Print)**

Date	Position or Type of Work You Desire	
Last Name	First Name	Middle Initial
Mailing Address	City / State	Zip Code
Home Phone Number	Social Security Number	
Are you legally eligible to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you 18 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you been employed by Schafer Systems previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, dates:		
How were you referred to Schafer Systems?		
Are you applying for <input type="checkbox"/> full-time or <input type="checkbox"/> part-time or <input type="checkbox"/> summer employment?		
List days available for work:	List hours available for work:	
Are you available for overtime work? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you available for night shifts? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If hired, on what date will you be available to work?		
Have you ever been convicted for anything other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain: (This information will not automatically disqualify you for employment, but may be considered in relation to the position for which you are applying).		

**Prospective employees will receive consideration without discrimination due to race, creed, color, gender, age, national origin, disability, veteran status or any other legally protected status.
Equal Opportunity/ Affirmative Action Employer**

Schafer Retail Solutions + IS A DRUG-FREE WORKPLACE

EDUCATION

(Note: Applicants may be required to provide proof of diploma, degree, transcripts, licenses, certifications and registrations.)

Indicate highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from high school or receive a GED? Yes No

School	Name and Location of School	Course of Study	Number of Years Completed	Did You Graduate?	Type of Degree or Diploma Awarded
Business/Trade/Technical					
College					
Graduate School					

Do you have training and/or experience in machining, fabricating, assembling, welding or operating related equipment? Yes No If yes, please explain:

Other specialized skills, licenses or training (workshops, seminars, short courses, etc.)? Please give dates.

EMPLOYMENT RECORD

(Please give accurate, complete information regarding your previous employment and military service. Most recent experience should be listed first.)

Company Name	Company Address
Company Telephone Number (include area code)	Dates of Employment (Mo/Yr) From: _____ To: _____
Type of Work Performed	Final Wage \$ _____/hour or \$ _____/month
Name of Supervisor	Reason for Leaving

May we contact this employer? Yes No

Company Name	Company Address
Company Telephone Number (include area code)	Dates of Employment (Mo/Yr) From: _____ To: _____
Type of Work Performed	Final Wage \$ _____/hour or \$ _____/month
Name of Supervisor	Reason for Leaving

May we contact this employer? Yes No

Company Name	Company Address
Company Telephone Number (include area code)	Dates of Employment (Mo/Yr) From: _____ To: _____
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May we contact this employer? Yes No