

## Application for Employment



Date.		
Personal Information:		
First Name:	Last Name:	
Address:		
City: St		
Home Phone:	Cell Phone:	
Email:		
Social Security Number:		
Emergency Contact Name:		
Relation: Phon	e Number:	
Education:		
High School Name:		
Graduated? Yes No   Year:   Still	In High School? Yes No   Grade:	
College Name:	Year Graduated:	
Previous Employment:		
Have you been employed by Reed Ice or Reed Cylinder Exchange before? Yes No		
Last Place of Employment:		
Supervisor Name:	Phone Number:	
Can we contact your previous supervisor? Yes	No   Start Date: End Date:	
Availability:		
When are you able to begin working if hired?		
I am able to work:		
First Shift: Yes No   Second Shift: Yes No	Weekends: Yes No   Holidays: Yes No	
Do you have reliable transportation? Yes No	Do you have a Driver's License? Yes No	

Please attach a copy of your Driver's License or ID Card to your application.

Include a current Motor Vehicle Record if you have a Commercial Driver's License (CDL) & Hazmat Endorsement.



## 2642 Double Branches Road Lincolnton, GA 30817

Please read carefully, sign, and date

I certify that the information provided is true and complete to the best of my ability.

I authorize investigation of all statements contained in this application for employment, as may be necessary, in arriving at an employment decision

In the event of employment, I understand that false or missing information given in my application or interview may result in discharge. I also understand that I am required to abide by all rules and regulations of the company.

Reed Ice Company and Reed Cylinder Exchange reserve the right to administer drug / alcohol tests to any and all employees at any given time. All CDL drivers will be registered with "Safety on Site". Names are pulled randomly and we will notify you to be tested as soon as possible if you are drawn.

We consider applications for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

Name Printed:	
Signature:	Date: