



Application For Employment

P.O. Box 611
Columbus, IN 47202
Phone: (812) 378-3797
Fax: (812) 378-5941

The Phillips Company, Inc. is an equal opportunity employer

Personal Information

Name (First, Middle, Last) _____ Date _____

Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Alternate Phone _____

Are you a US Citizen? ____ If NO-give Visa Number _____ Expiration Date: _____

Position Applying For: _____

Learned about opening: _____

Education

High School: _____

City, State _____ Graduation Date _____

Undergraduate College _____

City, State _____

Degree Earned _____ Dates Attended _____

Graduate School _____

City, State _____

Degree _____ Dates Attended _____

Certification/Licenses

Certification/License Name _____ Granting Organization – City, State _____

Certification/License Name _____ Granting Organization – City, State _____

Work History

(Give information about your last 3 jobs, starting with the most recent)

Employer _____ Dates Employed _____
Address _____
City _____ State _____ Zip _____
Phone _____ Ending Salary _____
Supervisor (Name & Title) _____
Reason for leaving _____
May we contact ____ Yes ____ NO
Duties _____

Employer _____ Dates Employed _____
Address _____
City _____ State _____ Zip _____
Phone _____ Ending Salary _____
Supervisor (Name & Title) _____
Reason for leaving _____
May we contact ____ Yes ____ NO
Duties _____

Employer _____ Dates Employed _____
Address _____
City _____ State _____ Zip _____
Phone _____ Ending Salary _____
Supervisor (Name & Title) _____
Reason for leaving _____
May we contact ____ Yes ____ NO
Duties _____

References

Name _____
Work Number _____ Home Number _____
Address _____
City _____ State _____ Zip _____
Relationship to You _____ Years known _____

Name _____
Work Number _____ Home Number _____
Address _____
City _____ State _____ Zip _____
Relationship to You _____ Years known _____

Name _____
Work Number _____ Home Number _____
Address _____
City _____ State _____ Zip _____
Relationship to You _____ Years known _____

Application Statement (PLEASE READ BEFORE SIGNING)

I hereby certify that all the information contained on this application for employment is true and complete. I authorize The Phillips Company, Inc. to contact all sources necessary to verify this information. I understand that any misstatement or omission is cause for dismissal should I be employed. I understand that if employed, I will furnish proof of age and citizenship or immigration status. I will also furnish any license required to perform my job. I understand that my employment is for no definite period, that this is not an employment contract, and that I may be terminated by The Phillips Company, Inc. at any time without liability for wages or salary except for that earned at the date of termination.

Signature _____ Date _____