Shaw Industries, Inc.

1027 Chestnut St.
Franklin, Pa.
814-432-0954

We are an Equal Opportunity Employer and fully subscribe to the principles of Equal Employment Opportunity. Applicants and/or employees are considered for hire, promotion and job status, without regard to race, color, religion, creed, sex, marital status, national origin, age, physical or mental disability.

Name_____ Date of application_____
LAST FIRST MIDDLE

Address_____ City_____ State_____ Zip_____

Telephone_____

1. GENERAL INFORMATION:

Are you able to perform the essential job functions of the position for which you are applying with or without reasonable accommodation? ☐ Yes ☐ No

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.) ☐ No ☐ Yes If yes, explain:

2. EDUCATION & TRAINING:

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters_____ Doctorate ____

Name & Address of School:	Major Course studied	Graduated or degree (**Y or N**)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List of any scholarships, academic honors, awards or special achievements: _____

_____

3. SKILLS: Please list any skills you have that are appropriate for the position you are applying for:

_____

_____

If required, will you work? Rotating Shifts: YES ___ NO ___ Overtime: YES ___ NO ___

Saturdays/Sundays: YES ___ NO ___

Position applying for: _____

Salary Requirements per hour: $_____

State fully why you believe you are qualified for this position: _____

_____

_____

Referred By: _____

EMPLOYMENT HISTORY: Starting with your **Present** or **Most Recent Employer** list in consecutive order.

If currently employed, may we contact your employer? Yes ___ No ___

FULL NAME OF COMPANY: ______________________________

TELEPHONE: ______________________________

STREET ADDRESS:____________________**CITY/STATE/ZIP:**____________________

NAME & TITLE OF SUPERVISOR:______________________________

TITLE OF YOUR POSITION:______________________________

LIST OF DUTIES PERFORMED: ______________________________

____

____

REASON FOR LEAVING: ______________________________

____

____

ENDING SALARY:______________________________

EMPLOYED FROM – TO:______________________________

FULL NAME OF COMPANY: ______________________________

TELEPHONE: ______________________________

STREET ADDRESS:____________________**CITY/STATE/ZIP:**____________________

NAME & TITLE OF SUPERVISOR:______________________________

TITLE OF YOUR POSITION:______________________________

LIST OF DUTIES PERFORMED: ______________________________

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____

REASON FOR LEAVING: ______________________________

____

____

ENDING SALARY:______________________________

EMPLOYED FROM – TO:______________________________

FULL NAME OF COMPANY:______________________________

TELEPHONE:______________________________

STREET ADDRESS:____________________**CITY/STATE/ZIP:**____________________

NAME & TITLE OF SUPERVISOR:______________________________

TITLE OF YOUR POSITION:______________________________

LIST OF DUTIES PERFORMED:______________________________

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____

REASON FOR LEAVING: ______________________________

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ENDING SALARY:______________________________

EMPLOYED FROM – TO:______________________________

READ CAREFULLY: I certify that the information contained in this application is correct to the best of my knowledge and understand that any misstatement or omission of information may result in denial of employment or discharge. I authorize the references listed above to give you any and all information concerning my previous employment and anypertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

Signature______________________________**Date**__________________