



ENTERPRISE-CP APPLICATION FOR EMPLOYMENT



Name: _____ Date: ___/___/___
Last First Middle Initial

Home Phone # () _____ - _____ Cell Phone # () _____ - _____ E-mail: _____

Current Mailing Address:

_____ Street City State Zip
Permanent Address (If different from above):

_____ Street City State Zip

Position(s) applied for: _____ Pay expected: _____

Shift Desired: 1st (6:00am/6:30am to 4:30pm/5:00pm) 2nd (4:30pm/5:00 pm to 3:00am/3:30am)

Type of work desired (circle all that apply): Full-Time Part-Time Available to Start: ___/___/___

Have you ever worked for ECP? Yes ___ No ___ If yes, give dates: ___/___/___ to ___/___/___

List any person(s) you know currently working at ECP: _____

Are you 18 years of age or older Yes ___ No ___

Mark below categories if you have had previous Experience or Education:

Food Production ___ Automated Packing Equipment ___ Maintenance ___ Fillers ___ Forklift ___

Assembly ___ Machining ___ Food Quality ___ Case Packer ___

Please list any other experiences, skills, or qualifications you think would benefit Enterprise-CP.

Professional References (Do not list relatives)

Name and Occupation	Phone Number	Relationship to Applicant

Educational Background

High School:

Name and location: _____ Course of Study: _____ Graduate? Yes ___ No ___

College:

Name and location: _____ Course of Study: _____ Graduate? Yes ___ No ___

Graduate School:

Name and location: _____ Course of Study: _____ Graduate? Yes ___ No ___

Vocational/Other

Name and location: _____ Course of Study: _____ Graduate? Yes ___ No ___

Employment Experience (No need to fill this section out if attaching a resume)

List most recent employer first.

Employer: _____

Address: _____

Position: _____ Supervisor's Name: _____ Phone #: () _____ - _____

Employed: From: _____ To: _____ Rate of pay: Starting: _____ Final: _____ Reason for leaving: _____

Employer: _____

Address: _____

Position: _____ Supervisor's Name: _____ Phone #: () _____ - _____

Employed: From: _____ To: _____ Rate of pay: Starting: _____ Final: _____ Reason for leaving: _____

Employer: _____

Address: _____

Position: _____ Supervisor's Name: _____ Phone #: () _____ - _____

Employed: From: _____ To: _____ Rate of pay: Starting: _____ Final: _____ Reason for leaving: _____

I certify that all the information submitted by me on this application is to the best of my knowledge, true and complete. Any false information, omissions, or misrepresentations may be cause for the rejection of my application. If employed by Enterprise-CP, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract for employment, either expressed or implied. I also understand that my employment and compensation can be terminated or changed, with or without cause and with or without notice, at any time, at either my or the company's option.

Applicant's Signature: _____

Date: ___/___/___

Enterprise-CP is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, or veteran status.