

# HUNTZBERRY BROTHERS, INC.

21536 CHEWSVILLE RD SMITHSBURG MD 21783

Phone: 301-739-8036 Fax: 301-739-1157

## EMPLOYMENT APPLICATION

**Huntzberry Brothers, Inc.** is a drug and alcohol free workplace and has a Drug-Free Workplace Policy in effect. Each employee, as a condition of employment will be required to participate in pre-employment, periodic, random, post-accident, reasonable suspicion, return-to-work and follow-up testing selection or by request of management.

Applications are considered for all positions without regard to race, color, religion, age, sex, national origin, marital status, or in the presence of a non-related medical condition or disability or other legally protected status.

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Salary desired: \_\_\_\_\_ Start Date: \_\_\_\_\_

Are you currently employed? YES  NO

If YES, Name of Employer: \_\_\_\_\_

### Please check YES or NO for the following questions:

If currently employed, may we contact your employer? YES  NO

Have you ever applied with us before? YES  NO  Date:

Have you ever been employed with us before? YES  NO  Date:

Are you a veteran of the US Military? YES  NO

Are you a US Citizen? YES  NO

Have you ever been convicted of a crime other than a crime where the record has been sealed, expunged or legally eradicated? YES  NO

If YES, briefly describe the nature of the crime/s, the date, place of conviction and the legal disposition of the case. This company will not deny employment to any applicant solely because the person has been convicted of a crime/s. The company however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

---

---

**Employment Experience**

Please start with your present or most recent job. Please include military assignments and other volunteer activities. Please account for all periods of unemployment.

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

Position and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

Position and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

Position and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone number: \_\_\_\_\_ Supervisors name: \_\_\_\_\_

Position and duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Do you have a valid driver's license? YES  NO

If YES, driver's license number: \_\_\_\_\_ State: \_\_\_\_\_ Class: \_\_\_\_\_

**Education:**

School/Colleges Attended	Number of years attended	Year Graduated

Please describe any special qualifications you may have for this position:

\_\_\_\_\_  
\_\_\_\_\_

**References**

Please give the names of three persons not related, who you have known at least one year.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

City4 \_\_\_\_\_ State/Zip: \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Years acquainted: \_\_\_\_\_

City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

**Application Signed Statement**

I certify that answers given herein are true and correct to the best of my knowledge.

Any misrepresentation or falsification of information requested will be cause for rejection of this application or for subsequent discipline up to and including my dismissal from employment.

I authorize **Huntzberry Brothers, Inc.** to examine my references, record of employment, education record and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experience with them, without giving me prior notice of such disclosure.

If my application for employment is accepted, I agree to abide to all the policies set forth by **Huntzberry Brothers, Inc.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant - Please Print

-----

**FOR PERSONNEL DEPARTMENT USE ONLY:**

APPLICANT HIRED \_\_\_\_\_ YES \_\_\_\_\_ NO

START DATE \_\_\_\_\_

JOB TITLE \_\_\_\_\_

HOURLY RATE/SALARY \_\_\_\_\_

BY: \_\_\_\_\_

NAME AND TITLE

\_\_\_\_\_

DATE

**Huntzberry Brothers, Inc.  
Pre-Employment Urinalysis Consent Form**

I understand that as required by **Huntzberry Brothers, Inc. Drug-Free Workplace Policy**, all prospective employees must submit to a controlled substance test.

A urine sample will be collected and tested for controlled substances.

I understand that if I test positive for use of controlled substances, I will be refused employment and may not reapply for six months. I also understand that I will be responsible for the cost of the test, if tested positive.

The results of the drug test will be maintained by the Medical Review Officer for the company who will report whether the test results were negative or positive to a designated official of

**Huntzberry Brothers, Inc.** The results will not be released to any additional parties without my written authorization.

I hereby agree to submit to a drug screen urinalysis.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant-please print

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Witness-please print