



JOB FAIR APPLICATION
(AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

EMAIL ADDRESS _____

PHONE () _____ ALTERNATE PHONE () _____

DATE AVAILABLE TO WORK ____/____/____

WAREHOUSE
 1ST SHIFT
 2ND SHIFT

TYPE OF EMPLOYMENT DESIRED FULL TIME PART TIME TEMPORARY SEASONAL INTERNSHIP CUSTOMER SERVICE

HAVE YOU APPLIED/INTERVIEWED WITH ULINE IN THE LAST 6 MONTHS? YES NO

EMPLOYMENT HISTORY PROVIDE THE FOLLOWING INFORMATION FOR YOUR PAST 3 EMPLOYERS, ASSIGNMENTS OR VOLUNTEER ACTIVITIES, STARTING WITH THE MOST RECENT:

FROM _____	TO _____	EMPLOYER _____	() _____ PHONE _____
JOB TITLE _____		ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____	
REASON FOR LEAVING _____		CURRENT SALARY _____ PER _____	
		BONUS/OTHER COMPENSATION _____	

FROM _____	TO _____	EMPLOYER _____	() _____ PHONE _____
JOB TITLE _____		ADDRESS _____	
IMMEDIATE SUPERVISOR AND TITLE _____		SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____	
REASON FOR LEAVING _____		ENDING SALARY _____ PER _____	
		BONUS/OTHER COMPENSATION _____	

EMPLOYMENT HISTORY CONTINUED

FROM _____ _____ TO _____ _____	EMPLOYER _____ _____ ADDRESS _____ _____ SUMMARIZE THE NATURE OF THE WORK AND RESPONSIBILITIES _____ _____ _____	() _____ PHONE _____ _____ _____ IMMEDIATE SUPERVISOR AND TITLE _____ _____ _____	ENDING SALARY _____ PER _____ BONUS/OTHER COMPENSATION _____ _____ _____ REASON FOR LEAVING _____ _____ _____
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EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?	COURSE OF STUDY
HIGH SCHOOL			
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COLLEGE/UNIVERSITY			
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OTHER			
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SPECIAL SKILLS:

AVOCATIONAL INTERESTS OR HOBBIES:

I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.

I give the employer the right to contact and obtain information from all references, employers, educational institutions, and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability the employer and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute a contract for employment for any specified period. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

SIGNATURE OF APPLICANT: _____ DATE: _____

HOW DID YOU HEAR ABOUT THIS POSITION? _____

WERE YOU REFERRED BY A CURRENT ULINE EMPLOYEE? (IF YES, PLEASE PROVIDE NAME) _____