



225 W 450 N  
 Kokomo, IN 46901  
 (765) 450-8804 – phone  
 (765) 450-6042 – fax

### APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION  
 REQUESTED EXCEPT SIGNATURE

SUBMIT APPLICATION THROUGH  
 MAIL, FAX OR EMAIL TO:  
 HR@BERRYIT.NET

APPLICANTS WILL BE SUBJECTED TO A BACKGROUND AND DRUG SCREEN

DATE \_\_\_\_\_

Name \_\_\_\_\_

Last

First

Middle

Present Address

\_\_\_\_\_

Number

Street

City

State

Zip

How Long \_\_\_\_\_

Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Telephone \_\_\_\_\_

Birth Date \_\_\_\_\_

Have you ever applied to this company before? Yes / No If so, when? \_\_\_\_\_

Position applied for \_\_\_\_\_

Salary desired \_\_\_\_\_

When available for work? \_\_\_\_\_

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (COMPLETE MAILING ADDRESS)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College/University				
Business/Trade				
Other (specify)				

Have you ever been convicted of a crime? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offenses(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have a driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No

Driver's license number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ State of issue \_\_\_\_\_ Expiration date \_\_\_\_\_

\_\_\_ Operator \_\_\_\_\_ Commercial(CDL) \_\_\_\_\_ Chauffeur

Have you had any accidents during the past three years? YES / NO If so, how many? \_\_\_\_\_

Have you had any moving violations during the past three years? YES / NO If so, how many? \_\_\_\_\_

Please list two references other than relatives or previous employers	
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone: ( ) _____ - _____	Telephone: ( ) _____ - _____
How many years have you known them?	How many years have you known them?

FORMER EMPLOYERS: List the last four (4) employers, starting with present or most recent.

Date Month and Year	Name and Address of Employer	Salary	Position	Reason for Leaving	May we contact your employer?
From:		\$			
To:		per:			
From:		\$			
To:		per:			
From:		\$			
To:		per:			
From:		\$			
To:		per:			

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, at the discretion of the employer, be terminated at any time without any previous notice.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_



## BACKGROUND AND DRUG AUTHORIZATION

A consumer report (background screening report) and/or an investigative consumer report which may include information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness (can be removed if never seeking credit reports) may be obtained in connection with your application for and/or continued employment with BERRY-IT, INC. **A consumer report and/or an investigative consumer report, along with a drug screen can be obtained at any time during your employment with BERRY-IT, INC.** You have the right, upon written request made within a reasonable time after receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history, along with a drug screening.

**If you are terminated or quit within 90 days of your hire in date, the fees associated with the background and drug screening will be taken out of your paycheck.**

### AUTHORIZATION

By signing below, I, \_\_\_\_\_, hereby voluntarily authorize BERRY-IT, INC. to obtain either a consumer or an investigative consumer report and a drug screen on me from a consumer reporting agency and to consider this information when making decisions regarding my employment and/or continued employment at BERRY-IT, INC. I understand that I have rights under the Fair Credit Reporting Act, including rights discussed above. This report may be delivered in either written or electronic form. **If you are terminated or quit within 90 days of your hire in date, the fees associated with the background and drug screening will be taken out of your paycheck.**

\_\_\_\_\_  
Print Name (last, first, middle)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth (MM/DD/YYYY)  
**(For ID Purposes Only)**

\_\_\_\_\_  
Drivers License Number

\_\_\_\_\_  
Drivers License State

Any other names I have been known by: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Addresses (Last 7 Years) \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date