



55 Patton Drive • Milton, Pa 17847  
570-246-5220 • [www.pattonwarehousing.com](http://www.pattonwarehousing.com)

## Employment Application

- Step 1. Download the pdf application to your computer.
- Step 2. Complete the electronic application using Adobe Acrobat Reader or print the full application and complete manually.
- Step 3. Email your completed electronic application to [jobs@pattonwarehousing.com](mailto:jobs@pattonwarehousing.com) **OR** drop your application off at one of our locations.

# Patton Warehousing, LLC

55 Patton Drive  
Milton, PA 17847  
570-246-5220  
jobs@pattonwarehousing.com

*It is the policy of Patton Warehousing, LLC to provide equal employment opportunity to all qualified persons without regard to citizenship, race, color, creed, religion, gender, sexual orientation, age, national origin, marital status, disability or veteran status. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.*

## **EMPLOYMENT APPLICATION**

**Position(s) Applying For:** \_\_\_\_\_

### **PERSONAL INFORMATION**

Name (Last, First, Middle)	Telephone Number	Cell Number
Address:	Alternate Phone	
City/State/Zip	Social Security Number (Optional)	
Date of Birth (Optional)	Email:	

Are you legally authorized to work in the United States?	Yes	No
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<b>Are you applying for:</b> F/T <input type="checkbox"/> P/T <input type="checkbox"/> Temp <input type="checkbox"/>	<b>What shift(s) will you Work?</b> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/>	<b>May we contact your Present Employer?</b> Yes No
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### **EMPLOYMENT HISTORY – Begin with most recent employment**

Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving	Supervisor's Name	Telephone Number

Dates From To	Company Name	City, State
Titles and Duties –		
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Dates From To	Company Name	City, State
Titles and Duties –		
Reason for Leaving	Supervisor's Name	Telephone Number

## MILITARY – Branch of Service

Describe any military training received relevant to the position for which you are applying:

## EDUCATION/TRAINING – Include Technical/Academic Achievements/Courses

Have you obtained a high school diploma or GED certificate?		Yes	No
<i>School</i>	<i>Name &amp; Location</i>	<i>Diploma/Degree</i>	<i>Subject of Specialization</i>
High School			
College/University			

## WORKABILITY

Are you able to perform the essential functions of the job for which you are applying with or without a reasonable accommodation?

Yes      No

If “with reasonable accommodation”, what accommodations would be required?

## PAST PERFORMANCE

Have you ever been terminated from employment or asked to resign by an employer?

Yes      No

If yes, please provide company names, the reason for termination and contacts:

## FELONIES AND/OR CONVICTIONS

Have you ever been convicted of a felony offense?

Yes      No

If yes, please provide dates, nature of and locations for all convictions:

(A conviction will not disqualify you for employment. Rather, such factors as age, date of conviction, seriousness and nature of the crime will be considered)

**OTHER SPECIAL SKILLS – List other Specific Skills you have to offer for this opening:**

**REFERENCES – Give the Names of Three Professional and 2 Personal (no one related to you)**

Name	Address	Telephone	Occupation

## **Authorization and Acknowledgement**

*Please Read Carefully Before Signing*

I authorize investigation of all statements contained in this application (if I am considered for employment) and hereby authorize previous employers, personal references named or any other person or persons to whom the company may refer, to give any and all information regarding my background if requested. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements.

I understand that Patton Warehousing, LLC may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interview with neighbors, friends, former employees, schools and others. I understand I have a right to make a written request with reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

If employed, I agree to engage in no outside activity which would involve a material conflict of interest with, or which could, as determined by the company, reflect adversely on the company.

If employed, I agree to maintain confidentiality regarding any information concerning the company that may come to my knowledge. Further, I agree to comply with all the policies and regulations of the company as set forth in the company's employee handbook or other communications distributed to all employees.

I understand that neither the completion of this application nor any other part of my consideration for employment established any obligation for the company to hire me. I understand that if employment is offered to me, either verbally or in writing, such offer does not constitute a contract of employment. I understand that if I am employed by the company, my enrollment will be for no definite period of time and that my employment can be terminated at any time and for any reason, with or without cause and without prior notice, at the option of either the company or myself. I also understand that this status can only be altered by a written contract of employment, specific to all material terms, that is signed by an authorized officer/manager of the company.

I attest with my signature below that I have read all of the previous statements and understand the same and that all statements made by me are true and accurate to the best of my knowledge and that I have withhold nothing that would, if disclosed, affect this application unfavorably. I understand that any false statements or material omissions are sufficient cause for rejection on my application for employment and that, if I am hired, I may be dismissed if, after employment, it is learned that any of my entries or information are false, misleading or incomplete. I certify that I am at least 18 years of age and am legally authorized to work in the United States.

I understand that I may be required to successfully pass a drug screening examination. I hereby consent to pre-and/or post-employment drug screen as a condition of employment, if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

Applicant's Name: (Please Print) \_\_\_\_\_

By providing my initials electronically and submitting this Application, my consent to the terms of this Application shall be treated in the same manner and legal effect as if I signed this Application in writing.

Applicant's Initials \_\_\_\_\_ Date \_\_\_\_\_



## **ALCOHOL AND SUBSTANCE ABUSE POLICY**

### **I. PURPOSE**

Patton Warehouse is concerned and recognizes a responsibility to provide a safe, healthy and productive work environment for all employees. This Policy is designed to help accomplish that goal by eliminating drug and alcohol abuse among our employees. Employees who use illegal drugs or abuse other controlled substances or alcohol tend to be less productive, less reliable, less cautious and prone to greater absenteeism resulting in the potential for increased cost, delay and risk in our Company's business. Ultimately, they threaten our competitiveness.

We believe our employees have the right to work with persons free from the effects of alcohol and drugs. This Policy is designed to help accomplish that goal by eliminating alcohol and drug abuse among our employees.

### **II. CONDITIONAL JOB OFFER SCREENING**

The Company will utilize a conditional job offer screening practices to prevent hiring or rehiring (a) individuals who use illegal drugs or (b) individuals whose use of legal drugs or alcohol indicates a risk of unsatisfactory or unsafe job performance.

### **III. USE, POSSESSION, OR SALE OF DRUGS OR ALCOHOL**

#### **A. ALCOHOL**

The possession, consumption, purchase or sale of alcohol on Company premises is prohibited. Furthermore, no employee shall be under the influence of alcohol while performing Company business off Company premises if such use or influence in the opinion of the Company may affect the safety of the employee, co-workers or members of the public, the employee's job performance, or the safe or efficient operation of the Company. Any exception to this Policy for special situations (e.g., Christmas parties) must be approved in advance by the President and conducted in accordance with any limitations which accompany approval.

### **III. DRUG AND ALCOHOL SCREENING**

A urinalysis, or other drug/alcohol screening may be conducted:

1. All applicants to whom a job offer has been made will be required to complete a pre-employment drug screen.
2. Post-accident or injury could require a drug screen to be completed.
3. When there is reason to believe that an employee may be using drugs or may be under the influence of drugs or alcohol, the employee will be required to complete drug screen

## **VI. VIOLATIONS OF POLICY**

- A. Any violation of this Policy may be grounds for termination. However, in some circumstances and at the sole discretion of the Company, a lesser penalty may be selected.
- B. If the employee has not engaged in misconduct, unsafe conduct or poor job performance, but is found to have alcohol or drugs in his/her system, the employee may be placed on an unpaid medical leave (maximum one month) until he/she presents reliable medical evidence that he/she has overcome any substance use problem, and he/she shall be reinstated to his/her former position if he/she consents in writing to occasional testing on request over the next 12 months to be certain that he/she has not resumed usage of drugs or alcohol in violation of this Policy. If such subsequent usage is detected, the employee will be terminated.

## **EMPLOYEE ACKNOWLEDGMENT AND CONSENT**

I have carefully and thoroughly read the Company's Alcohol and Substance Abuse Policy. I agree to follow that policy.

**Employee's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Employee's Name (Printed)** \_\_\_\_\_