



FORTUNE COMPANIES, INC.

329 N. Main Street

Kokomo, IN 46901

EMPLOYMENT APPLICATION

APPLICANT INFORMATION

NAME (<i>Last, First, Middle</i>)		DATE OF BIRTH	
ADDRESS	CITY	STATE	ZIP CODE
PRIMARY PHONE		ALTERNATE PHONE	
EMAIL ADDRESS			SHIRT SIZE
1.) EMERGENCY CONTACT NAME		PHONE NUMBER	RELATIONSHIP
2.) EMERGENCY CONTACT NAME		PHONE NUMBER	RELATIONSHIP
Are you a citizen of the United States?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, are you authorized to work in the U.S.?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever worked for this company?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, when?			
Have you ever been convicted of any crime, misdemeanor or felony, which has not been expunged?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: (<i>include County, State, & date of conviction</i>)			
Do you have any pending criminal charges?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, please explain: (<i>include County & State</i>)			
Do you have a valid Driver's License?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you available to work Monday - Friday from 7:30am to 5:00pm?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If no, please provide your availability:			

Do you have any medical conditions that would impact your ability to drive or operate machinery?
(Examples: seizures, torn rotator cuff, narcolepsy, panic attacks, sciatica)

Have you ever been involved in a work place accident?

☐ YES ☐ NO

If yes, please explain:

Are you able to climb a 12' ladder?

☐ YES ☐ NO

Are you able to bend at the waist & retrieve items from the floor?

☐ YES ☐ NO

Are you able to lift a minimum of 50lbs?

☐ YES ☐ NO

Are you able to lift a minimum of 40lbs above shoulder level?

☐ YES ☐ NO

Do you have any physical condition which prevents you from working in
cold or hot weather, or dusty environments?

☐ YES ☐ NO

If yes, please explain:

How did you hear about Fortune Companies, INC?

EDUCATION

High School:

Address: *(City, State)*

From:

To:

Did you Graduate? ☐ YES ☐ NO

Diploma:

College:

Address: *(City, State)*

From:

To:

Did you graduate? ☐ YES ☐ NO

Degree:

Other:

Address: *(City, State)*

From:

To:

Did you graduate? ☐ YES ☐ NO

Degree:

WORK EXPERIENCE *(most recent first)*

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ DATES: *from* _____ *to* _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ DATES: *from* _____ *to* _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ DATES: *from* _____ *to* _____

REASON FOR LEAVING: _____

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____

POSITION: _____ DATES: *from* _____ *to* _____

REASON FOR LEAVING: _____

CERTIFICATIONS AND/OR SKILLS

office use only
Hire Date:
Rate:

SIGNATURE

DATE