

BERRY COATING, INC.
P.O. Box 1026
18 Durham Street
Watkinsville, GA 30677

706-769-7172 (Office Phone)
706-769-0001 (Fax)

Date ____/____/____ (Application is valid for six (6) months, after which you will need to re-apply.)

PERSONAL INFORMATION	
First Name _____	Last Name _____
Address: _____	Home Phone: _____
_____	Cell Phone: _____
_____	Email: _____

AVAILABILITY
I am presently:
____ Not Working ____ Working
This job requires bending, lifting, twisting, and climbing ladders. Are you able to perform these tasks?
____ Yes ____ No
Date Available to Start Work: ____/____/____

EMPLOYMENT INFORMATION
Position Applying For: _____
Have you worked at this location before? ____ Yes ____ No
Do you have transportation to work? ____ Yes ____ No
How did you hear about Berry Coating? ____ Website ____ Job Advertisement
____ Other (Please list) _____
Availability:
____ Days ____ Weekends ____ Evenings ____ Overtime
Are you legally authorized to work in the United States? ____ Yes ____ No
Are you over 18 years of age? ____ Yes ____ No

HIGHEST LEVEL OF EDUCATION
____ High School Diploma (Grade 12)/GED
____ College/University (enrolled)
____ College/University (graduated)
____ Other (Please specify) _____

MOST CURRENT WORK HISTORY
Name of Most Current Employer: _____
Phone Number: _____ May we contact them? Yes No
Date of Employment: From _____ To _____
How long were you employed? _____

Reason for leaving? _____
Position held: _____
How often were you absent? _____

PREVIOUS WORK HISTORY	
Name of Previous Employer: _____	
Phone Number: _____	May we contact them? Yes No
Date of Employment: From _____	To _____
How long were you employed? _____	
Reason for leaving? _____	
Position held: _____	
How often were you absent? _____	

Name of Previous Employer: _____
Phone Number: _____
May we contact them? Yes No
Date of Employment: From _____
To _____
How long were you employed? _____
Reason for leaving? _____
Position held: _____
How often were you absent? _____

SPECIAL SKILLS	
Do you have any certifications, or other special training? If so, please list. _____	

PROFESSIONAL REFERENCES	
Name: _____	
Title: _____	
Phone: _____	
Name: _____	
Title: _____	
Phone: _____	

Applicant's Signature

Date

DO NOT WRITE BELOW THIS AREA

Office Use Only
Recommended Position: _____