



A Brambles Company

# EMPLOYMENT APPLICATION

Brambles is an equal opportunity employer and an E-Verify employer.

**DIRECTIONS**

- YOU MUST FILL OUT THE APPLICATION FULLY, OR EXPLAIN ANY BLANKS (even if submitting a resume). APPLICATIONS THAT ARE INCOMPLETE WILL NOT BE CONSIDERED.
- If you need additional space attach a supplemental sheet
- You must be 18 years or older to apply
- Type or print using a pen or marker
- Sign and date the completed application

Applications will be kept on file for two (2) years from the date of application.

GENERAL					
LAST NAME		FIRST NAME		MIDDLE NAME	DATE OF APPLICATION
CURRENT ADDRESS (STREET, CITY, STATE, ZIP CODE)				PRIMARY PHONE ( )	
ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL ADDRESS		ALTERNATE PHONE ( )	
HAVE YOUR PREVIOUSLY WORKED FOR CHEP, IFCO, OR ANOTHER BRAMBLES COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PLEASE LIST COMPANY, DATES OF EMPLOYMENT, LOCATION, AND POSITION:			
POSITION					
POSITION APPLYING FOR:					
<input type="checkbox"/> FORKLIFT	<input type="checkbox"/> QUALITY CONTROL	<input type="checkbox"/> SAW OPERATOR	<input type="checkbox"/> UTILITY TECH	<input type="checkbox"/> YARD DRIVER	
<input type="checkbox"/> PAINTER	<input type="checkbox"/> REPAIR OPERATOR	<input type="checkbox"/> AUTOMATION TECH	<input type="checkbox"/> SORTER	<input type="checkbox"/> OTHER: _____	
DATE AVAILABLE TO START WORK:					
SHIFT AVAILABILITY					
ARE THERE ANY DAYS OF THE WEEK/TIME SLOTS THAT YOU ARE NOT REGULARLY ABLE TO WORK? (IF YES PLEASE LIST) <input type="checkbox"/> NO <input type="checkbox"/> YES _____					
EMPLOYMENT RECORD (LIST MOST RECENT FIRST)					
START DATE	END DATE	POSITION	SUPERVISOR'S NAME	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		REASON FOR LEAVING		EMPLOYER'S PHONE NUMBER ( )	
RESPONSIBILITIES/ TASKS					
START DATE	END DATE	POSITION	SUPERVISOR'S NAME	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EMPLOYER		REASON FOR LEAVING		EMPLOYER'S PHONE NUMBER ( )	
RESPONSIBILITIES/ TASKS					

START DATE	END DATE	POSITION	SUPERVISOR'S NAME	MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO
EMPLOYER		REASON FOR LEAVING		EMPLOYER'S PHONE NUMBER ( )
RESPONSIBILITIES/ TASKS				
PLEASE EXPLAIN ANY SIGNIFICANT GAPS IN EMPLOYMENT OVER THE PAST 5 YEARS				
<b>EDUCATION &amp; TRAINING</b>				
HIGHEST LEVEL OF EDUCATION <input type="checkbox"/> G.E.D. <input type="checkbox"/> HIGH SCHOOL <input type="checkbox"/> AA DEGREE <input type="checkbox"/> BACHELOR'S DEGREE <input type="checkbox"/> TRADE SCHOOL <input type="checkbox"/> OTHER		DEGREE/DIPLOMA/CERTIFICATE RECEIVED		NAME OF SCHOOL
LIST ANY PREVIOUS EXPERIENCE WITH NAIL GUNS, SAWS, PRY BARS, HAMMERS, CONSTRUCTION, ROOFING, CONCRETE ETC.:			LIST LICENSES, CERTIFICATES, COMPUTER SKILLS, MECHANICAL SKILLS, OR ANY OTHER SKILLS/TRAINING THAT COULD BE RELEVANT TO YOUR EMPLOYMENT WITH CHEP SERVICES:	
<b>LANGUAGE ABILITY</b>				
ENGLISH <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE		SPANISH <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE		OTHER: _____ <input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
<b>APPLICANT SOURCING</b>				
PLEASE TELL US HOW YOU HEARD ABOUT THIS POSITION:				
<input type="checkbox"/> SOCIAL MEDIA: _____		<input type="checkbox"/> EMPLOYEE REFERRAL: _____		
<input type="checkbox"/> AD/ JOB POSTING: _____		<input type="checkbox"/> COMMUNITY REFERRAL: _____		
<input type="checkbox"/> OTHER: _____				

**AUTHORIZATION**

**(APPLICATION MUST BE SIGNED PRIOR TO SUBMITTING)**

*I certify that the answers by me are full, complete, and true. I understand that my failure to fill out this application fully or explain any blanks will result in my application not being considered and the denial of employment. I understand that if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal. I understand that if I become employed by Brambles, I will be employed at will and will remain employed at will unless I receive a written contract signed by an Officer of the Company. I authorize you to contact previous employers and schools listed by me on this application. I also agree: (1) to submit to a pre-employment drug screening; (2) if employed, to abide by all work and safety rules of Brambles; (3) and submit to a pre-employment background check as required at certain locations.*

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

No person shall be denied employment on the basis of race, color, ethnicity, national origin, sex/gender, sexual orientation, religion, creed, disability (including HIV status), age, veteran status, marital status, ex-offender status, or on any other grounds protected by applicable law.