

APPLICATION FOR EMPLOYMENT
(Please Print Legibly)

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color religion, gender, national origin, age, marital status or veteran status, the presence of a non-job-related medical condition or disability, Vietnam Era Veteran, or any other legally protected status.

Date: _____
SS#: _____

Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Message Phone: _____

Position Applying For: _____ Date Available? _____

Rate of Pay Desired: \$ _____ (check One) Hour Week Month Year

Are you 18 years of age or older? Yes No

Are you legally eligible to work in the United States? Yes No

(Proof of eligibility will be required upon offer of employment)

Are you available to work: Full-Time Part-Time Shift Temporary

Are you currently employed? Yes No

May we contact your present employer? Yes No

Have you ever been employed by this company before? Yes No

If "yes" please indicate dates of employment and position(s) held.

From: _____ To: _____ Position: _____

Have you ever been convicted of any crime? Yes No

(A conviction will not be an absolute bar to employment.)

If "yes", when, where and what is the disposition of the case? _____

List any relatives currently employed by the Company: _____

EDUCATIONAL RECORD

SCHOOL	NAME & ADDRESS	CHECK LAST YEAR COMPLETED	LIST DEGREES(S) OR DIPLOMAS(S)
HIGH SCHOOL		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
COLLEGE/ UNIVERSITY		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	
TECHNICAL/ OTHER (SPECIFY)		<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

MILITARY EXPERIENCE

Have you received any job-related training in the United States Military? Yes No
 Please give dates and explanation:

Describe any specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

If applying for a driving position, please provide:

License # _____ State _____ Expiration Date _____
 Class _____ Endorsements _____

REFERENCES

(Please list the name, address and telephone number of three references who are not related to you and are not previous employers).

NAME & OCCUPATION	ADDRESS	PHONE NUMBER
1.		
2.		
3.		

LIST PROFESSIONAL TRADE, BUSINESS OR CIVIC ORGANIZATIONS AND ANY OFFICES HELD.
(Exclude memberships that would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

EMPLOYMENT HISTORY SECTION

In the areas below, please list your past work experience, beginning with your most recent employment, for at least the past 10 years. Military experience and volunteer work may also be included as employment.

NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. If you need additional space, attach extra copies of this page.

Employer _____ Phone _____	FROM _____ / _____ / _____
Address _____	Month Day Year
City _____ State _____ Zip _____	To _____ / _____ / _____
Job Title _____	Month Day Year
Duties _____	Pay _____
Reason for Leaving _____	Supervisor's Name _____
_____	_____

Employer _____ Phone _____	FROM _____ / _____ / _____
Address _____	Month Day Year
City _____ State _____ Zip _____	To _____ / _____ / _____
Job Title _____	Month Day Year
Duties _____	Pay _____
Reason for Leaving _____	Supervisor's Name _____
_____	_____

Employer _____ Phone _____	FROM _____ / _____ / _____
Address _____	Month Day Year
City _____ State _____ Zip _____	To _____ / _____ / _____
Job Title _____	Month Day Year
Duties _____	Pay _____
Reason for Leaving _____	Supervisor's Name _____
_____	_____

Employer _____ Phone _____	FROM _____ / _____ / _____
Address _____	Month Day Year
City _____ State _____ Zip _____	To _____ / _____ / _____
Job Title _____	Month Day Year
Duties _____	Pay _____
Reason for Leaving _____	Supervisor's Name _____
_____	_____

Employer _____ Phone _____	FROM _____ / _____ / _____
Address _____	Month Day Year
City _____ State _____ Zip _____	To _____ / _____ / _____
Job Title _____	Month Day Year
Duties _____	Pay _____
Reason for Leaving _____	Supervisor's Name _____
_____	_____

PLEASE READ CAREFULLY AND SIGN BELOW

I Certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that any deliberate falsifications, misrepresentations or omissions of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that nothing in this application is intended to imply or create an employment relationship or contact for employment.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Company that such employment with the Company is at will, for no specific duration, and may be terminated by either the Company or myself at any time, with or without cause or notice. I also understand that while personnel policies, programs, and procedures may of necessity change from time to time, such at-will status is not subject to change absent a written agreement signed by the company's president or a designated authorized representative. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representatives used during that employment process is deemed a contract of employment real or implied.

I understand that if offered a position with the Company, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize the Company and/or its assigns to investigate my personal history and to obtain from my previous employers any information they have concerning me.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Company and/or any of its representatives, agents or vendors and release all parties involved from any and all liability for any and all damage that may result from providing such information.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

Please Print Name