

APPLICATION FOR EMPLOYMENT
An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability. It is our intention that all applicants be given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, please be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for _____ Today's Date _____

How did you learn about us? _____

Are you seeking: Full-time Part-time Temporary employment?

When could you start work? _____

Can you travel if a job requires it? Yes No

Last Name First Name Middle Name Telephone Number

Present Street Address City State Zip Code

Are you 18 years of age or older?..... Yes No
(If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) _____

If hired, can you furnish proof you are eligible to work in the U.S.?Yes No

Have you ever applied here before? Yes No If yes, when? _____

Were you ever employed here before? Yes No If yes, when? _____

Have you ever been convicted of any law violation (except a minor traffic violation)?.....Yes No

If yes, give details _____
(A "Yes" answer does not automatically disqualify you from employment, since the nature of the offence, date, and the job for which are applying is also considered.)

Are you now or do you expect to be engaged in any other business or employment?Yes No

If yes, please explain _____

EDUCATION

	Number of Years Completed	Diploma/ Degree/ Certificate
High School or GED: _____ _____ _____		
College or University: _____ _____ _____		
Subjects Studied: _____ _____		
Vocational or Technical: _____ _____		
Subjects Studied: _____ _____		

SPECIAL SKILLS

What skills or additional training do you have that are related to the job for which you are applying? _____

What machines or equipment can you operate that are related to the job for which you are applying? _____

How many days of work have you missed during the past year? _____
(Exclude absences due to disability or those covered by FMLA.)

For driving jobs Only: Do you have a valid drivers license?Yes No

Drivers License Number _____ Class of License _____

Have you had your driver's license suspended or revoked in the last 3 years?.....Yes No

If yes, give details: _____

List professional, trade, business or civic activities and office held.

(Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.)

WORK HISTORY

List names of employer in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references.

PLEASE GIVE MONTH AND YEAR.

Name of Employer	Supervisor
Address	Employed From (mo/yr) / to /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) / to /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) / to /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	
Name of Employer	Supervisor
Address	Employed From (mo/yr) / to /
City, State, Zip Code	Pay Start \$ Final \$
Telephone	
Title	Reason for Leaving
Duties	

REFERENCES

Have you worked or attended school under any other names?..... Yes No

If yes, give names: _____

Are you currently employed? Yes No May we contact your present employer? Yes No

Have you ever been fired from a job or asked to resign? Yes No

If yes, please explain: _____

Give three references, not relatives or former employers.

Name	Address	Phone

AFFIDAVIT

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer 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 interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a 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.

I authorize the investigation of any or all statements contained in this application. 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 if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

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

I UNDERSTAND THAT THIS APPLICATION OF 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.

I have read, understand, and by my signature consent to these statements.

Signature: _____ Date: _____

THIS APPLICATION WILL REMAIN ACTIVE FOR THREE MONTHS, AFTER WHICH TIME YOU WILL NEED TO REAPPLY.