

EMPLOYMENT APPLICATION

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 qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

Each question must be fully and accurately answered. PLEASE PRINT ALL OF YOUR ANSWERS, except for your signature on the back of this application. Incomplete or illegible applications cannot be processed.

TODAY'S DATE	HOME PHONE ()	WORK PHONE ()	ARE YOU 18 YEARS OF AGE OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME		FIRST NAME	MI	SOCIAL SECURITY NUMBER	
CURRENT STREET ADDRESS		CITY	ST	ZIP	HOW LONG?
PREVIOUS STREET ADDRESS		CITY	ST	ZIP	HOW LONG?
LIST OTHER PLACES OF RESIDENCE IN THE PAST 7 YEARS: COUNTY STATE ZIP		DATES YOU LIVED THERE:	LIST ANY OTHER NAMES OR SSNS USED IN THE PAST SEVEN YEARS:		DATES USED:
HAVE YOU EVER BEEN CONVICTED OF ANY LAW VIOLATION (EXCEPT A MINOR TRAFFIC VIOLATION)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE INCIDENT, CITY/STATE, AND CHARGE. (Include any plea of "Guilty" or "No Contest," including any arrangement of deferred adjudication, sentence or judgment. Answering yes to any of these questions will not necessarily disqualify applicant for employment.)					
DO YOU HAVE ANY FRIENDS OR RELATIVES EMPLOYED BY THIS COMPANY? <input type="checkbox"/> YES <input type="checkbox"/> NO PLEASE LIST NAME, RELATIONSHIP, AND LOCATION IF KNOWN:					
JOB APPLIED FOR	TYPE OF POSITION <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY		SHIFT PREFERENCE <input type="checkbox"/> DAY <input type="checkbox"/> SWING <input type="checkbox"/> NIGHT		
EXPECTED PAY	WHEN COULD YOU START WORKING?	HAVE YOU <input type="checkbox"/> APPLIED HERE BEFORE? DATES: EVER <input type="checkbox"/> WORKED HERE BEFORE?			
ARE YOU NOW OR DO YOU EXPECT TO BE ENGAGED IN ANY OTHER BUSINESS OR EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, EXPLAIN:		MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
HAVE YOU EVER BEEN FIRED FROM A JOB OR ASKED TO RESIGN? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE EXPLAIN:					
JOB RELATED SKILLS Fill out only the parts of this section that relate to the job you are applying for.					
LIST ACTIVITIES AND OFFICES HELD (Exclude memberships which reveal any protected status.)			LIST LANGUAGES IN WHICH YOU ARE FLUENT		
FOR DRIVING DO YOU HAVE AN APPROPRIATE VALID DRIVERS LICENSE? <input type="checkbox"/> YES <input type="checkbox"/> NO DESCRIBE VIOLATIONS IF ANY: JOBS ONLY HAVE YOU HAD ANY MOVING VIOLATIONS IN THE LAST 3 YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO					
EDUCATION	NAME OF SCHOOL, CITY AND STATE	NAMES USED DURING ATTENDANCE	COURSE OF STUDY	DEGREE	# YRS COMPLETED
COLLEGE OR UNIVERSITY					
TRADE OR BUSINESS SCHOOL					
HIGH SCHOOL					
ADDITIONAL SKILLS OR TRAINING RELATED TO THE JOB FOR WHICH YOU ARE APPLYING:					

Continued on Other Side

EXPERIENCE	Your application will not be considered unless every question in this section is answered. We will make every effort to contact previous employers. As such, the correct telephone numbers of past employers are critical.
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MOST RECENT EMPLOYER			If currently working for this employer, may we contact?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Company Name	City and State	Dates Employed (Month & Year)				
		From	To			
Supervisor	Supervisor's Phone ()	Pay Rate				
		\$		per		
Another Supervisor/Coworkers	Coworker/Supervisor's Phone ()	Reason for leaving				
Job Title and Duties						
Company Name	City and State	Dates Employed (Month & Year)				
		From	To			
Supervisor	Supervisor's Phone ()	Pay Rate				
		\$		per		
Another Supervisor/Coworkers	Coworker/Supervisor's Phone ()	Reason for leaving				
Job Title and Duties						
Company Name	City and State	Dates Employed (Month & Year)				
		From	To			
Supervisor	Supervisor's Phone ()	Pay Rate				
		\$		per		
Another Supervisor/Coworkers	Coworker/Supervisor's Phone ()	Reason for leaving				
Job Title and Duties						

REFERENCES			List three references who are NOT relatives or former employers. Do not duplicate persons listed above.
Name	Phone	Relationship to you	

APPLICANT CERTIFICATION AND RELEASE ----- READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and accurate. I understand that any false information or omission may disqualify me from further consideration for employment and if hired, may result in my dismissal if discovered at a later date. I understand that the company or its agents 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 agency so that I may obtain a complete disclosure of the nature and scope of the investigation. I authorize the company and/or its agents to verify any of the information contained in this application and other documents used to evaluate me for employment. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby 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 successful passing all pre-employment/post job offer tests, exams and checks including medical and drug tests. I consent to the release of any or all medical information as may be 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 exam. I hereby consent to a pre- and/or post employment drug screen as a condition of employment, if company policy requires.

I UNDERSTAND THAT THIS APPLICATION OR 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 NOTICE, FOR ANY OR NO REASON, UNLESS APPLICABLE STATE OR FEDERAL LAW DETERMINES OTHERWISE.

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

Date _____ Signature _____