



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

Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application. PLEASE PRINT, except for signature on page 3 of application. In reading and answering the following questions, 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 \_\_\_\_\_

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

When could you start work? \_\_\_\_\_

**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 Number \_\_\_\_\_

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?..... Yes      No      If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony (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 offense, date, and the job for which you are applying will also be considered.)

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

If yes, please explain \_\_\_\_\_

Do you have a valid driver's license? . . . . . Yes      No

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

\_\_\_\_\_  
\_\_\_\_\_

LIST NAME AND ADDRESS OF SCHOOLS ( ) See Resume	Number of Years Completed	Dipolma/ Degree/ Certificate	Subjects Studies
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			
What skills or additional training do you have that are related to the job for which you are applying? _____			
_____			
_____			

( ) See Resume, include a contact name and number for each employer, or list names of employers 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 YEAR AND MONTH

NAME OF EMPLOYER		JOB TITLE AND DUTIES	
ADDRESS		DATE OF EMPLOYMENT: FROM	TO
CITY. STATE. ZIP CODE		PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE ANO DUTIES	
ADDRESS		DATE OF EMPLOYMENT: FROM	TO
CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	
NAME OF EMPLOYER		JOB TITLE ANO DUTIES	
ADDRESS		DATE OF EMPLOYMENT: FROM	TO
CITY, STATE, ZIP CODE		PAY: START \$	FINAL \$
SUPERVISOR	TELEPHONE	REASON FOR LEAVING	

Have you worked under any other name?..... Yes No

If yes, give names: \_\_\_\_\_

Are you presently employed?..... Yes No

If yes, 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

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 authorize and agree to cooperate in a thorough investigation of all statements made herein and other matters relating to my background and qualifications. I understand that any investigation conducted may include a request for employment and educational history, credit reports, consumer reports, investigative consumer reports, driving record, and criminal history. I authorize any person, school, current and former employer, consumer reporting agency, and any other organization or agency to provide information relevant to such investigation and hereby release all persons and corporations requesting or supplying information pursuant to such investigation from all liability or responsibility to me for doing so. I understand that I have the right to make a written request within a reasonable period of time for complete disclosure of the nature and scope of any investigation. I further authorize any physician or hospital to release any information, which may be necessary to determine my ability to perform the job for which I am hired.

I understand that compliance with the Company's Code of Conduct is a condition of my employment.

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 my employment if required.

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 CAUSE AND WITH OR WITHOUT NOTICE.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This application for employment will remain active for a limited time. Ask the organization representative for details.