



# Application for Employment

DATE:

APPLICATION FOR POSITION AS:

NAME IN FULL (PRINT):

SOCIAL SECURITY NUMBER:

SALARY EXPECTED: \$

HOME ADDRESS:

CITY:

STATE:

ZIP:

ARE YOU AVAILABLE IMMEDIATELY: YES  NO  IF NOT, HOW SOON:

RESIDENCE TELEPHONE: (  )

MESSAGE TELEPHONE: (  )

IF A DRIVER'S LICENSE IS REQUIRED FOR THE POSITION FOR WHICH YOU ARE APPLYING, DO YOU HAVE A VALID DRIVER'S LICENSE:

YES  NO

LICENSE NO.

EXPIRATION DATE:

DO YOU HAVE ADEQUATE TRANSPORTATION TO AND FROM WORK: YES  NO

HAVE YOU BEEN CITED FROM A TRAFFIC VIOLATION OF ANY KIND WITHIN THE LAST FIVE (5) YEARS: YES  NO

IF YES, PLEASE GIVE DETAILS:

HAVE YOU EVER USED ANOTHER NAME: YES  NO

IS ANY ADDITIONAL INFORMATION RELATIVE TO CHANGE OF NAME, USE OF AN ASSUMED NAME OR NICKNAME NECESSARY TO ENABLE A CHECK ON YOUR WORK AND EDUCATION REPORT? IF YES, PLEASE EXPLAIN:

HAVE YOU EVER BEEN IN THE MILITARY SERVICE: YES  NO

IF YES, GIVE TYPE OF DISCHARGE  A DISHONORABLE DISCHARGE IS NOT AN ABSOLUTE BAR TO EMPLOYMENT. OTHER FACTORS WILL AFFECT A FINAL DECISION TO HIRE OR NOT TO HIRE.

ARE YOU OVER 18 YEARS OF AGE: YES  NO

IF HIRED, CAN YOU FURNISH PROOF THAT YOU ARE OVER 18 YEARS OF AGE: YES  NO

ARE YOU ABLE TO PROVIDE PROOF OF YOUR RIGHT TO BE EMPLOYED IN THE UNITED STATES OF AMERICA: YES  NO

HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST THREE YEARS DUE TO REASONS OTHER THAN PAID HOLIDAYS AND VACATION:

YEAR:  NUMBER OF DAYS:

EDUCATION  ELEMENTARY  HIGH  COLLEGE/UNIVERSITY  GRADUATE/PROFESSIONAL

SCHOOL NAME:

YEARS COMPLETED:

DIPLOMA/DEGREE:

DESCRIBE COURSE OF STUDY OR MAJOR:

Describe Specialized Training, Military Experiences and Skills:

**RECORD OF PREVIOUS EMPLOYMENT:**

PLEASE LIST THE NAMES OF YOUR PREVIOUS EMPLOYERS IN CHRONOLOGICAL ORDER WITH PRESENT OR LAST EMPLOYER LISTED FIRST. BE SURE TO ACCOUNT FOR ALL PERIODS OF TIME INCLUDING MILITARY SERVICE AND ANY PERIOD OF UNEMPLOYMENT. IF SELF-EMPLOYED, GIVE FIRM NAME AND SUPPLY BUSINESS REFERENCES. (ATTACH EXTRA SHEETS IF NECESSARY)

PRESENT/LAST EMPLOYER:  FROM:  TO:

ADDRESS:

CITY:  STATE:  ZIP:

TELEPHONE: (  )

POSITION/TITLE:

REASON FOR LEAVING:

LAST SUPERVISER:

PRESENT/LAST EMPLOYER:  FROM:  TO:

ADDRESS:

CITY:  STATE:  ZIP:

TELEPHONE: (  )

POSITION/TITLE:

REASON FOR LEAVING:

LAST SUPERVISER:

PRESENT/LAST EMPLOYER:  FROM:  TO:

ADDRESS:

CITY:  STATE:  ZIP:

TELEPHONE: (  )

POSITION/TITLE:

REASON FOR LEAVING:

LAST SUPERVISER:

HAVE YOU EVER BEEN TERMINATED OR ASKED TO RESIGN FROM ANY JOB: YES  NO

IF YES, EXPLAIN CIRCUMSTANCES:

PLEASE EXPLAIN FULLY ANY GAPS IN YOUR EMPLOYMENT HISTORY:

IF LAID OFF, GIVE REASON:

MAY WE CONTACT YOUR CURRENT EMPLOYER: YES  NO

IF NO, PLEASE EXPLAIN:

PLEASE LIST PERSONS WHO KNOW YOU WELL -- NOT PREVIOUS EMPLOYERS OR RELATIVES

NAME	OCCUPATION	ADDRESS (STREET, CITY & STATE)	TELEPHONE	YEARS KNOWN
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**THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME, YOU MUST REAPPLY. PLEASE READ AND SIGN THE FOLLOWING:**

In the event of my employment to a position at this Company, I will comply with all rules and regulations of this Company. I understand that the Company reserves the right to require me to submit to a test for the presence of drugs in my system prior to employment and at any time during my employment, to the extent permitted by law. I also understand that any offer of employment may be contingent upon the passing of a physical examination and a test for the presence of alcohol and/or narcotics in my system, performed by a doctor selected by the Company. Further, I understand that at any time after I am hired, the Company may require me to submit to a physical examination and an alcohol and drug test to the extent permitted by law. I consent to the disclosure of the results of physical examinations and related tests to the Company. I also understand that I may be required to take other tests such as personality and honesty tests, prior to employment and during my employment. I understand that should I decline to sign this consent or decline to take any of the above tests, my application for employment may be rejected or my employment may be terminated.

I understand that the Company may investigate my driving record and that an investigative consumer report may be prepared whereby information is obtained through personal interviews with my neighbors, friends, personal references, and others with whom I am acquainted. This inquiry includes information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of this investigation. I further understand that the Company may contact my previous employers, and I authorize those employers to disclose to the Company all records and information pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employer, their agents, employees, and representatives, as well as other individuals who release information to the Company, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of any such information by any person or party, whether such information is favorable or unfavorable to me.

I authorize the persons named herein as personal references to provide the Company with any pertinent information they may have regarding me.

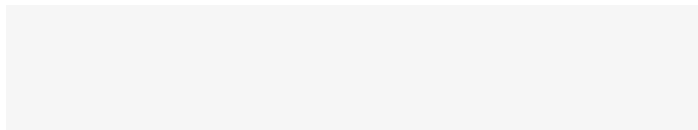
I hereby state that all the information that I provided on this application or any other documents filled out in connection with my employment, and in any interview is true and correct. I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that if I am employed and any such information is later found to be false in any respect, I may be dismissed. I understand if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete a Form I-9 in this regard.

If hired, I agree as follows: My employment and compensation is terminable at will, is for no definite period, and my employment and compensation may be terminated by the Company (employer) at any time, without good cause at the option of either the Company or myself. No implied, oral, or written agreements contrary to the express language of this agreement are valid unless they are in writing signed by the President of the Company (or majority owner or owners if Company is not a corporation). No supervisor or representative of the Company, other than the President of the Company (or majority owner or owners if Company is not a corporation) has any authority to make any agreements contrary to the foregoing. This agreement is the entire agreement between the Company and the employee regarding the right of Company or employee to terminate employment without good cause, and this agreement takes the place of all prior and contemporaneous agreements, representations, and understandings of the employee and the Company.

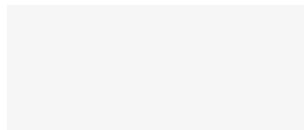
If you have any questions regarding this statement, please ask a Company representative before signing.

**I hereby acknowledge that I have read the above statements, understand and agree to the same.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT & AGREEMENT**



APPLICANT SIGNATURE



DATE