

APPLICATION FOR EMPLOYMENT
EQUAL OPPORTUNITY EMPLOYER

PLEASE READ BEFORE COMPLETING THIS APPLICATION

This company does not discriminate in the recruitment, hiring, and conditions of employment on the basis of race, color, religion, national origin, sex, marital status, disability, age or veteran status. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully, but its receipt does not imply that you will be employed. Employment necessitates that you meet all minimum qualifications required for the position for which you are applying. **ANSWER ALL QUESTIONS COMPLETELY.**

Name _____ Date _____
(Last) (First) (Middle)

Address _____ Telephone: Home ____/_____
(Street) (City) (State) (Zip) Business ____/_____
Business ____/_____

Are you 18 years of age, or over? Yes No Are you authorized to work in the United States? Yes No
(If hired, you must furnish proof of your employment eligibility.)

FURNISH THIS INFORMATION ONLY IF REQUESTED:

Social Security Number _____ Driver's License Number _____ State _____

Applying for position as _____ Full Time Part Time Temporary Date available _____

Salary requirement _____ Preferred work hours _____

Have you previously applied for employment with our company? Yes No

If yes, when? _____ Type of position applied for _____

Have you ever pleaded guilty to, or been convicted of, a criminal offense (see "convictions", on back)? Yes No

If yes, give dates and circumstances _____

If offered the position, would you agree to a physical examination by a physician, clinic or other health care provider selected by the company? Yes No

Would you agree to a pre-employment and/or post-employment drug screening by a physician, clinic or health care provider selected by the company? Yes No

List applicable professional or technical license/certifications relative to your ability to perform the functions of the position for which you are applying _____

List equipment, machinery or special skills relative to your ability to perform the functions of the positions for which you are applying. Include your skill level and/or years of experience _____

EDUCATION		PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	GRADUATE?	DEGREE
High School				
College				
Other				

Are you presently in school? Yes No If yes, give expected completion date _____

EMPLOYMENT LIST ALL POSITIONS YOU HAVE HELD, BEGINNING WITH YOUR MOST RECENT. INCLUDE SELF-EMPLOYMENT AND VOLUNTEER WORK. ATTACH AN ADDITIONAL SHEET, IF NECESSARY.

DATE MOTH AND YEAR		NAME AND ADDRESS OF EMPLOYER	POSTION	SALARY	REASON FOR LEAVING
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				
FROM	TO				

PERSONAL REFERENCES *

* Not relatives or employers

NAME	ADDRESS	TELEPHONE NUMBER	HOW LONG KNOWN

CONVICTIONS: A conviction does not automatically mean you will not be offered a job. What you were convicted of, the circumstances surrounding the conviction and how long ago the conviction occurred are important considerations in determining your eligibility. Give all the facts, so that a fair decision can be made.

PLEASE READ CAREFULLY BEFORE SIGNING

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by this company. I authorize the company, its affiliates and their representatives to investigate all information given and to secure additional job-related information, if necessary. I authorize an investigative report to be made whereby information is obtained through personal interviews with third parties, such as family members, business associates, financial sources, friends, neighbors or others with whom I am acquainted. I understand and consent to an inquiry that may include information as to my character, general reputation, and personal characteristics, whichever may be applicable. This information may include, but is not limited to, verification of previous employment and employment references, verification of education including requests for transcripts, credit reports, motor vehicle driving records and criminal reports, etc. I hereby release from all liability or responsibility all persons, companies, organizations or corporations furnishing such information.

I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of employment, or if employed, dismissal without advance notice.

In the event I am employed, I understand that all employees are subject to termination at the discretion of the company. If, in the event I choose to voluntarily terminate my employment, I am free to do so at any time, and, if I choose to give proper notice of termination, the company may either permit me to continue my employment during the notice period or may accept my resignation immediately.

I understand that, in the event I am employed by the company, my compensation, hours of employment and all other terms and conditions of employment are subject to modification or change by the company at the company's discretion.

I authorize the company to supply my employment record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party, with a legal and proper interest.

In the event of my employment, I will comply with all rules and regulations as set forth in the company's policy manual or other communications distributed to all employees.

I also understand that my employment is conditional upon my satisfaction passing a physical examination and/or drug screening, if one is requested, to be given by a physician, clinic or other health care provider selected by the company.

I understand that completion of this form does not guarantee me status as an applicant or any consideration for employment unless I meet all stated minimum qualifications required of the position for which I am asking to be considered.

I have read the above statements and accept them as conditions of my employment with the company.

Signature of Applicant