

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 (including pregnancy), marital status, disability, age, veteran status, and any other status as protected by applicable law. 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 consideration necessitates that you meet all minimum qualifications required for the position for which you are applying.

(ANSWER ALL QUESTIONS COMPLETELY.)

PERSONAL DATA

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

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

Are you 18 years of age, or over? Yes No

Business _____ / _____

Are you authorized to work in the United States? Yes No

Cell _____ / _____

(If you are hired, you will be required to furnish proof of your employment eligibility.) Email _____

Other names used in prior employment _____

GENERAL INFORMATION

Applying for position as _____ Salary requirement _____
 Full-Time Part-Time Temporary

Date available _____ Would you object to shift work? Yes No

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

If so, when? _____ Type of position for which you applied _____

How were you referred to our company?
 Employee Advertisement School Drop in Agency Other

Name of referral source indicated above _____

Have you ever been convicted of or pled guilty, no contest or nolo contendere, or received deferred adjudication, pre-trial diversion or probation for any criminal offense (felony or misdemeanor), other than for a minor traffic violation (see "Convictions," page 4)?
Yes No

If yes, give dates and circumstances _____

Have you ever been involuntarily discharged from a position? Yes No

If yes, give dates and circumstances _____

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

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

Current, or last, employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of
immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No -----
Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of
immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No -----
Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of
immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No -----
Next previous employer _____ Employed from _____ to _____

Street address _____ Salary (monthly) at start _____ finish _____

City _____ State _____ Zip _____ Telephone _____ / _____

Name and title of
immediate supervisor _____ Your title _____

Description of duties _____

Reason(s) for terminating, or considering a change _____

May we contact this employer while we are considering your application? Yes No

EMPLOYMENT (Continued)

Please explain any gaps in your employment history. Attach an additional sheet if necessary.

EDUCATION	PRINT NAME, CITY AND STATE FOR EACH SCHOOL LISTED	DATES	TYPE OF COURSE OR MAJOR	GRAD- UATE?	DEGREE RECEIVED
High School					
College		From _____ To _____			
College		From _____ To _____			
Other Education		From _____ To _____			
Other Education		From _____ To _____			

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

List courses you are taking _____

SPECIAL SKILLS

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

List awards, honorary positions or volunteer work 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 position for which you are applying. Include your skill level and/or years of experience _____

PERSONAL REFERENCES*

* Not relatives or employers

NAME	ADDRESS AND PHONE NUMBER	FIRM NAME, ADDRESS AND PHONE NUMBER	POSITION OR OCCUPATION	HOW LONG KNOWN

LIST BELOW THE NAMES OF RELATIVES EMPLOYED BY THIS COMPANY AND THEIR RELATIONSHIP TO YOU

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/or 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 satisfactorily passing a 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 employment with the company.

Signature of Applicant