



APPLICATION FOR EMPLOYMENT

Position Desired: _____

Full Time
 Part Time Date _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT

I understand that if I am hired, my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company has authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law.

I authorize the Company to Investigate my driving record, my criminal record, and my credit history; and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include 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 the 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 other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

_____ Date

_____ Signature of Applicant

PERSONAL DATA

Name _____
(print) Last First Middle

Social Security Number _____

Present Address _____
Street & Number City State Zip

How long have you lived there? _____
Years Months

Previous Address _____
Street & Number City State Zip

How long did you lived there? _____
Years Months

Telephone Number _____

Birthdate _____ Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No If Yes, please give dates & position: _____

Do you have any friends or Relative working here? Yes No If Yes, give name & relationship: _____

How would you get to and from work? _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime? Yes No
If Yes, please give date and details of each: _____

NOTE: Answering "yes" to this question does not constitute an automatic bar to employment. Only those crimes which are substantially related to the position you are seeking will be considered.

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or 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.

Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip	To (mo/yr)	Final	Name & Title of Supervisor	
Telephone				
Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip	To (mo/yr)	Final	Name & Title of Supervisor	
Telephone				
Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
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Present or Last Employer	<u>Employed</u> From (mo/yr)	<u>Pay</u> Start	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address				
City, State, Zip	To (mo/yr)	Final	Name & Title of Supervisor	
Telephone				

Have you ever been terminated or asked to resign from any job? Yes No

If Yes, please explain circumstances: _____

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No If No, please explain: _____

PREVIOUS EXPERIENCE

Please describe any previous experience that you have in the position for which you are applying or in any similar or related position:

EDUCATION

School Name	Years Completed (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra-curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College/University	1 2 3 4			
Graduate/Professional	1 2 3 4			
Trade or Correspondence				
Other				

EMERGENCY INFORMATION

In case of an accident or other emergency, who should we contact?

Name _____

Relationship _____

Home Address _____

Home Phone _____

Work Address _____

Work Phone _____

Cell Phone _____

PERSONAL REFERENCES

Please list persons who know you well – Not previous employers or relatives

Name	Occupation	Address (Street, City, State)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver’s license? Yes No License # _____ Exp. Date _____

Has your driver’s license ever been suspended or revoked? Yes No

If Yes, please explain circumstances: _____

Do you have personal automobile insurance? Yes No Name of Insurance Company _____

Has your personal automobile insurance ever been cancelled? Yes No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome: _____

Please list all moving traffic violations in the last five (5) years:

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

Offense Date Location

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 RE-APPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant