



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 _____ Social Security No. _____
 (PRINT) LAST FIRST MIDDLE

Present Address _____ How long have you lived there? _____
 Street and Number City State Zip Years Months

Previous Address _____ How long did you live there? _____
 Street and Number City State Zip Years Months

Telephone No. _____ Are you 18 years of age or older? () Yes () No

Have you ever worked for the Company before? () Yes () No If Yes, please give dates and position: _____

Do you have any friends or relatives working here? () Yes () No If Yes, 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: _____

*Have you ever filed for Workman's Compensation? () Yes () No

If Yes, please give date and details of each: _____

***NOTE:** Answering "Yes" to these questions does not constitute an automatic bar to employment. Only those crimes or injuries 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 name and supply business references.

Present or Last Employer	<u>Employed From</u> (mo/yr)	<u>Pay Start</u>	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address		\$		
City, State, Zip Code	<u>To</u> (mo/yr)	Final	<u>Name and Title of Last Supervisor</u>	
Telephone		\$		
Previous Employer	<u>Employed From</u> (mo/yr)	<u>Pay Start</u>	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address		\$		
City, State, Zip Code	<u>To</u> (mo/yr)	Final	<u>Name and Title of Last Supervisor</u>	
Telephone		\$		
Previous Employer	<u>Employed From</u> (mo/yr)	<u>Pay Start</u>	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address		\$		
City, State, Zip Code	<u>To</u> (mo/yr)	Final	<u>Name and Title of Last Supervisor</u>	
Telephone		\$		
Previous Employer	<u>Employed From</u> (mo/yr)	<u>Pay Start</u>	<u>Your Title or Position</u>	<u>Reason for Leaving</u>
Address		\$		
City, State, Zip Code	<u>To</u> (mo/yr)	Final	<u>Name and Title of Last Supervisor</u>	
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 related position.

EDUCATION

School Name	Years Completed: (Circle)	Diploma/Degree	Describe Course of Study or Major	Describe Specialized Training Experience, Skills & 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 _____ Telephone _____
Street City State

Work Address _____ Telephone _____
Street City State

PERSONAL REFERENCES

Please list person who know you well - not employers or relatives

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

DRIVING INFORMATION

Do you have a current driver's license? () Yes () No

State: _____ License No: _____ Expiration 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 canceled? () Yes () No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving when 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

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.

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

Date

Signature of Applicant