

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
(Valid for only 90 days)

The Company reviews applications and employs persons without regard to race, creed, color, sex, religion, age, national origin, physical or mental disability, marital status, veterans' status, citizenship status or any other category protected by local, state or federal law. In addition, the company makes reasonable accommodation to the needs of disabled applicants and employees, so long as this does not create an undue hardship on the Company or threaten the health or safety of others at work. If you need assistance in completing this application let us know and we will provide assistance. The receipt of this application does not mean that job openings exist at our Company and does not obligate the Company in any way. We appreciate your interest in our Company.

Please answer all questions. Resumes are not accepted in lieu of completion of this application.

Note: This application was designed to use with several types of job positions. Some questions may not be completely applicable to the job position you are seeking; however, we ask that you answer all questions.

 Last Name (Please Print) First Middle Social Security Number Date

 Present Address: Street City/State Zip Code Telephone Number

Do you have the legal right to work in this country? Yes No

Have you ever been convicted of a crime other than a minor traffic violation? Yes No If Yes, give dates and explain. (attach separate paper if necessary.) A conviction will not necessarily disqualify you from employment.

Are you over 18 years of age? Yes No Position applying for: _____

EDUCATIONAL DATA

School	Print Name, Number and Street, City, State and Zip Code for each School	# of Yrs Completed	Degree	Major Course of Study
High School				
College				
Other				

Other skills: List other job-related skills or qualifications that support your application. _____

Honors Received: _____

Have you had prior educational experience that relates to the job for which you are applying? Yes No
 If Yes, describe: _____

Are you a veteran of the U.S. Military Service? Yes No If Yes, what branch of Service? _____
 If Yes, beginning and ending date of active duty : from: ____/____/____ to: ____/____/____
 Date of Discharge from Military Service: _____

EMPLOYMENT EXPERIENCE:

ALL FORMER JOBS (List most recent job first.) Account for all time periods including **unemployment, self-employment and military service.** (Attach separate paper(s), if necessary.)

Employer	Dates Employed (From/To)	Immediate Supervisor
Address		
Job Title	Hourly Rate/Salary (Starting/Final)	Telephone No.
Work Performed		
Reason for Leaving		

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Have you ever been dismissed or forced to resign from any employment? Yes No If Yes, please explain.

Are you now employed? Yes No Are you on a layoff? Yes No Are you subject to recall? Yes No

May we contact your present employer? Yes No Previous Employers? Yes No

Please identify any exceptions and reasons for not contacting prior employers:

Are there any hours, shifts or days you will not work? Yes No If Yes, explain:

Total hours available per week _____ Date available to start _____

Detailed availability (indicate hours available each day):

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Do you have transportation to work? Yes No

Will you work overtime if asked? Yes No

Do you have any friends or relatives who work here? Yes No

Name _____ Relationship _____

Name _____ Relationship _____

CHARACTER REFERENCES

List three persons **not related to you**, whom you have known at least one year:

NAME

ADDRESS AND TELEPHONE

OCCUPATION

1. _____

2. _____

3. _____

List below any other information or remarks that you wish to have considered as a part of your application for employment:

Have you filed an application here before? Yes No If Yes, give date: _____

Have you ever been employed here before? Yes No If Yes, give dates: _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize the investigation of all matters contained in this application and hereby give the Employer permission to contact schools, previous employers, references, and others, and hereby release the Employer from any liability as a result of such contact. I understand that misrepresentations, omissions of facts or incomplete information requested in this application may remove me from further consideration for employment. In addition, if employed, any misrepresentations or omissions of facts called for in this application will be cause for dismissal at any time without any previous notice.

Employment at the Company is on an "at-will" basis. I understand that my employment with the Employer is for no specific term and may be terminated by me or the Employer with or without notice or cause at any time. I further understand that no oral promise, Employer policy, custom, business practice or other procedure (including the Employer's Personnel Handbook or any personnel manuals) constitutes an employment contract or modification of the at-will employment relationship between the Employer and me.

The contents of any employee handbook or personnel manuals, as well as other Employer policies and practices, are subject to change or modification by the Employer, solely at its discretion, without notice. I also understand that no supervisor or other official of the Employer (except its Senior Management, in writing) has the authority to enter into any agreement with me or to make any agreement contrary to the foregoing.

We reserve the right to require a drug screen of any applicant or employee, whenever, in the opinion of management, this is necessary.

This application will remain active for ninety (90) days. Any applicant wishing to be considered for employment beyond ninety (90) days should reapply.

Signature _____

Printed Name _____ Date _____