

APPLICATION FOR EMPLOYMENT
AN EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER M/F/D/V

It is the policy of the company to provide equal employment opportunities to qualified applicants without regard to race, sex, religion, national origin, age, veteran status or disability.

IMPORTANT, PLEASE READ

This application will not be considered unless full and satisfactory answers, in your own handwriting, are made to all questions in the following pages. This is not a continuing application, unless accepted or rejected earlier. This application will remain valid for six months from its date of submission, after which it shall be void. It shall not be renewed or extended without submission and completion of a new application.

This application is not only a factor in considering you for employment, but is also kept as a permanent record if employed by the Company. Please complete this application in full. Resumes may be attached but NOT a substitute. Only applications that are complete, legible, and signed will be considered.

READ EVERYTHING CAREFULLY / PLEASE PRINT

Social Security
Number

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Application
Date

--	--	--	--	--	--

Name

Last, First, MI

Please list all other names or nicknames by which you have been formerly known while working or attending school:

Present
Address

Previous
Address

Home
Phone #

Day Time
Phone #

Email Address

Position(s)
Applying For

Have you filed an application with this Company before?

Yes

No

If "Yes" When?

--	--

Month

--	--

Year

Have you ever worked for this company before?

Yes

No

If "Yes", Where and When? _____

If applicable to the job you are applying for: Driver's License # _____

State _____

If employed by the Company and you are under 18 years of age, can you furnish a work permit?

Yes

No

Are you presently legally authorized to work in the United States on a full-time basis? Yes No

Have you ever been convicted of or plead nolo contendere to a violation of the law, other than a minor traffic violation? Yes No

If so, when, where, and what was the disposition of the case? _____

Are you currently employed? Yes No Are you on a lay-off and subject to recall? Yes No

If you are offered a position, when would you be able to start?
 Month Day Year

Desired Salary? \$ _____ Per Year Least acceptable salary? \$ _____ Per Year

Are you available to work Full-Time Part-Time Temporary 1st Shift 2nd Shift 3rd Shift
 (Check all that apply)

Are you willing to work weekends? Yes No Are you willing to work overtime? Yes No

Do you have any restrictions which would prohibit you from working any of the "Shifts" indicated above? Yes No
 If "Yes", please explain: _____

Have you ever been discharged from a job or requested to resign? Yes No If "Yes", please explain: _____

Please list the names of any friends or relatives who are currently employed by the Company?

How did you come to apply for this position (direct inquiry, newspaper ad, friend, relative, present employee, etc.)?

EDUCATION (Circle The Highest Grade Completed)		High School	College	Graduate
		9 10 11 12	1 2 3 4	1 2 3 4
School	Name & Location of school	Course of Study	Did you Graduate?	Degree or Diploma
High			Yes <input type="checkbox"/> No <input type="checkbox"/>	
College			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Graduate School			Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other			Yes <input type="checkbox"/> No <input type="checkbox"/>	

Are you planning to further your education? Yes No If "Yes" When and Where?

EMPLOYMENT EXPERIENCE

For the last five (5) years, you must account FULLY for your time EMPLOYED or if you were SELF-EMPLOYED, please give company name. Start with your present or last job, and include military and volunteer work.

May we contact your PRESENT employer? Yes No

Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			
Employer	Dates Employed	From	To
Address (street, city, state & zip)	Hourly Rate or Annual Salary		
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	Starting		Final
Job Title	Telephone		
Supervisor	Job Duties		
Reason for Leaving			

(If additional space is needed, use "Employment Continuation Form" located in the Employment Application Package)

REFERENCES

Please provide three references that can verify your employment. **DO NOT** list relatives.

Name	Title/Business	Address	Phone #	# Years Acquainted

TECHNICAL SKILLS & KNOWLEDGE

Skills Inventory	Yes	No	Level of Skill	Years of Experience
Typing	<input type="checkbox"/>	<input type="checkbox"/>	Speed	
Keystrokes	<input type="checkbox"/>	<input type="checkbox"/>	Speed	
10 Key Calculator	<input type="checkbox"/>	<input type="checkbox"/>	Speed	
Spreadsheet Software	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Word Processing Software	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Desktop Publishing Software	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Computer Operations	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Telephone (ACD) Systems	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	
Other Machines	<input type="checkbox"/>	<input type="checkbox"/>	Type(s)	

Summarize any special skills which you may have.

List professional, trade, business, or civic activities AND offices, certifications, or licenses held which may relate to the position you are applying for.

Is there anything else the Company should know in consideration of your application for employment which was not discussed so far? Yes No

If "Yes", please explain

EMPLOYMENT CONTINUATION FORM

Name _____

Date _____

Employer	Dates Employed	From		To
Address (street, city, state & zip)	Hourly Rate or Annual Salary			
	Starting			Final
Job Title	Telephone			
Supervisor	Job Duties			
Reason for Leaving				
Employer	Dates Employed	From		To
Address (street, city, state & zip)	Hourly Rate or Annual Salary			
	Starting			Final
Job Title	Telephone			
Supervisor	Job Duties			
Reason for Leaving				
Employer	Dates Employed	From		To
Address (street, city, state & zip)	Hourly Rate or Annual Salary			
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	Starting			Final
Job Title	Telephone			
Supervisor	Job Duties			
Reason for Leaving				

PLEASE READ CAREFULLY BEFORE SIGNING!

If you have any questions regarding this statement, please ask an employment interviewer BEFORE signing.

I certify the facts set forth in my application for employment are true and complete. Further, I understand that, if employed, any misrepresentation on the application shall be considered sufficient cause for immediate dismissal. I authorize the Company to verify all statements contained in this application and make any necessary reference checks.

I understand that in connection with the application process, the Company may request information from my past employers, educational institutions, personal references and any public or private agencies that have issued me either a professional or vocational certification or license. I also understand that such investigation may include a review of my credit history, any criminal records, and drug testing. Prior to signing this form, I read and signed the Company's "Consent Forms", enclosed in the Employment Application Package, which I fully understand. **I have provided complete and truthful information to the Company regarding all sources of information about my past employment, education, licensure, certification, criminal conviction and nolo contendere record, as well as any other information requested in the employment application, and have been fully informed that any misrepresentations or material omissions concerning such information will be grounds for rejecting my application, withdrawing any offer of employment, or immediate discharge.**

I hereby release and hold harmless, the Company, its directors, its officers, employees, agents, and contractors, and any other person, or public or private entity inquiring about, investigating, furnishing, communicating, reviewing, or evaluating information or documents pursuant to this application and employment process.

Notwithstanding any other statements to the contrary, whether written or verbal, I understand and agree that, if hired, my employment is for no definite period of time and, regardless of the date or frequency of payment of my wages or salary, may be terminated at any time, with or without prior notice, with or without cause, at the option of the Company or me. I understand that this may not be modified or in any way changed or eliminated without written consent signed by both the Company and me.

Signature of Applicant

Date