

APPLICATION FOR EMPLOYMENT

INSTRUCTIONS:

Each question should be fully and accurately answered.

PERSONAL INFORMATION

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP CODE

HOME PHONE NO. _____ WORK PHONE NO. _____

If employed and under 18, can you furnish a work permit? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? Yes No

Have you ever been convicted of a felony? (Please note that a "Yes" answer will not bar you from consideration for employment). Yes No
 If yes, Explain _____

If related to anyone in your employ, State Name of Office _____ Referred By _____

Have you ever worked for, or applied For work with this Company before? Applied Yes No Worked Yes No When _____ Where _____

Are you now or do you expect to be in any other business or employment other than indicated on this application Yes No
 If yes, please explain _____

EMPLOYMENT DESIRED _____ POSITION DESIRED _____ DATE CAN START _____ SALARY DESIRED _____
 What status employment are you seeking? Full Time Part time Seasonal

Geographic Preference _____ or Limitations _____

Do you have any restriction on your ability to work overtime? Yes No
 If Yes, Explain _____

Do you have any restrictions on your ability to work night shifts or weekends? Yes No
 If Yes, Explain _____

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS COMPLETED	SUBJECTS STUDIED, DIPLOMA OR DEGREE RECEIVED
HIGH SCHOOL			
COLLEGE, TRADE, BUSINESS OR TECHNICAL SCHOOL			

SPECIAL SKILLS AND QUALIFICATIONS: Describe the skills and qualifications, previous employment experience, or other activities you have related to the position you are seeking. Include skills in the operation of equipment and machinery, if applicable _____

OPERATOR CERTIFICATIONS _____

(INCLUDE STATE, GRADE AND DATE)

Do you hold a valid current Driver's License Yes No

EMPLOYMENT RECORD

Are you employed now? Yes No

If so, may we inquire of your present employer? Yes No

May we inquire of your past employers? Yes No

DATE MONTH AND YEAR (BEGIN WITH MOST RECENT)	NAME, ADDRESS, TELEPHONE NUMBER OF EMPLOYER	POSITION AND SALARY	REASON FOR LEAVING
TO:	(SUPERVISOR'S NAME)	Position (Salary)	
FROM:		Start: End:	
TO:	(SUPERVISOR'S NAME)	Position (Salary)	
FROM:		Start: End:	
TO:	(SUPERVISOR'S NAME)	Position (Salary)	
FROM:		Start: End:	

List below the names of three persons we can use as reference checks, other than relatives, whom you have known at least one year and whom are qualified to evaluate your capabilities.

REFERENCE

NAME	BUSINESS ADDRESS AND TELEPHONE	OCCUPATION/ RELATIONSHIP	YEARS ACQUAINTED

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY BEFORE SIGNING THIS APPLICATION. IF YOU HAVE ANY QUESTIONS REGARDING THESE STATEMENTS, PLEASE ASK THEM BEFORE SIGNING.

I certify that the answers given by me to the foregoing questions and statements (including my resume and other supplementary materials) are true and correct without consequential omissions of any kind whatsoever. I understand that any misleading or incorrect statements may render this application void, and if employed, would be cause for termination. I agree that the company shall not be liable in any respect of refusal to hire or for immediate discharge if hired if my employment is terminated by cause of falsity of statement, answers or omissions made by me on this questionnaire and supporting materials. I also authorize the companies, schools, or person name above to give complete information regarding my employment, education, character and qualifications. I hereby release said companies schools or person from all liability for any damage for issuing this information.

Yes No

I agree to conform to all rules and regulations of the employer as they presently exist or are later modified. I understand that if employed, my employment can be terminated, at the discretion of the employer or at my option, at any time, except as specifically set forth in writing in a current individual employment agreement or collective bargaining agreement. I also understand that no representative of the employer has any authority to enter into any employment agreement for any specified period of time, or to assure me of any future position, benefits, or terms and conditions of employment, except as specifically stated in writing in a current individual employment agreement or collective bargaining agreement.

Yes No

I HAVE READ, UNDERSTAND AND AGREE WITH THE ABOVE.

SIGNATURE _____ DATE _____