



**APPLICATION FOR EMPLOYMENT
AN EQUAL OPPORTUNITY EMPLOYER**

What position are you applying for? _____ Date: _____

Name: _____

Address: _____

Cell Phone Number: _____

Social Security Number: _____

Are you 18 years or older?
YES _____ NO _____

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

Do you have any relatives already employed by this company? Yes No
If yes, list the current relatives. _____

Are you authorized to work in the United States? YES _____ NO _____

Are you employed now? _____ May we contact your current employer? _____

On what date would you be available for work? _____

Are there any days or times of the week you cannot work? _____

Have you been convicted of a felony within the last seven years? _____

If yes, please explain: _____

Do you have any physical limitations that preclude you from performing any work for which you are being considered? Yes _____ No _____

If yes, what can be done to accommodate your limitation?

EMPLOYMENT EXPERIENCE

Start with your present or last job include military service assignments. List all employers during at least the last 10 years. Use extra sheets if necessary. Explain any gaps in employment.

Employer:	Telephone: ()	DATES EMPLOYED From To	Work Performed
Address:			
Job Title:		HOURLY RATE/SALARY Starting Final	
Supervisor:			
Reason for Leaving:			
Employer:	Telephone: ()	DATES EMPLOYED From To	Work Performed
Address:			
Job Title:		HOURLY RATE/SALARY Starting Final	
Supervisor:			
Reason for Leaving:			
Employer:	Telephone: ()	DATES EMPLOYED From To	Work Performed
Address:			
Job Title:		HOURLY RATE/SALARY Starting Final	
Supervisor:			
Reason for Leaving:			
Employer:	Telephone: ()	DATES EMPLOYED From To	Work Performed
Address:			
Job Title:		HOURLY RATE/SALARY Starting Final	
Supervisor:			
Reason for Leaving:			

REFERENCES: Give the names of three persons, not related to you, whom you have known at least one year.

Name	Address	Business	Years Acquainted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

EDUCATION

	High School	College/University	Trade/Vocational
School Name			
Years Completed: (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree			
Describe Course of Study			
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities			

It is the policy and practice of the Company to recruit, hire and promote qualified applicants without regard to their race, color, religion, sex, age, national origin, handicap or other areas covered by Federal, State, or local fair employment laws and regulations, and with due regard to regulations respecting qualified disabled veterans and veterans of the Vietnam Era.

This application will be given every consideration, but its receipt does not imply that the applicant will be employed. In processing this employment application, the Company may request that an investigative consumer report be prepared, which may include a request to a credit bureau as well as information as to the applicant's character, general reputation and personal characteristics. The applicant has the right to request that the Company completely and accurately disclose to the applicant the nature and scope of the investigation requested. Such a request must be made in writing to the personnel division within a reasonable time after completing this application.

APPLICANT'S STATEMENT

In the event of my employment to a position with the Company, I will comply with all rules and regulations as set forth in its policy handbook or other communications distributed to all employees. Further, I understand that regardless of the date of payment of my wages or salary, my employment can be terminated at any time without notice or cause. I understand that this application is not a contract of employment. I understand that such employment is, insofar as permitted by the Rehabilitation Act of 1973 and the Americans with Disabilities Act, conditioned upon favorable health evidence which may include a physical examination and a blood or urine test by a physician selected by the Company to which I hereby assent. I agree that the examining physician may disclose the findings to the Company, or an authorized agent of the Company. I authorize any agent or hospital to release any information which may be necessary to determine my ability to perform the duties of a job for which I am being considered prior to employment or in the future during my employment with the Company.

I authorize the Company to supply my employment record, in whole or in part, and in confidence, to any perspective employer, government agency, or other party, with a legal and proper interest. I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application shall be considered sufficient use for dismissal.

I certify that all statements made by me on this application are true and complete to the best of my knowledge and that I have withheld nothing that would, if disclosed, affect this application unfavorably. I understand that any false statement on this application is grounds for refusal to hire me, or grounds for discharge if I am hired.

I hereby acknowledge that I have read the above statement and understand the same.

Signature of Applicant

Date