

## Application For Employment

### An Equal Opportunity Employer

We are an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. We do not discriminate based on race, color, sex, religion, national origin, ancestry, age, disability, or marital status.

*Please print and fill out all sections*                      **Date**                      **Social Security Number**

Personal Information:			
Name (Last, First, Middle Initial)	Home Phone	Cell Phone	Emergency Phone
Present Address	City	State	Zip
Permanent Address	City	State	Zip
Email Address			
Referred by:	Are you 18 years of age or older                      ( ) Y or ( ) N		

Employment Desired		
Position(s) applying for:	Date you Can Start	Salary Desired
Are You Employed Now? ( ) Y or ( ) N	If So May We Inquire of your Present Employer?                      ( ) Y or ( ) N	
Ever applied to / worked for this Company before? ( ) Y or ( ) N                      When?		

General Information	
Do you have any friends/relatives working for Company?	( ) Y or ( ) N
If yes, state name & relationship:	
Do you have a Valid Drivers License?	( ) Y or ( ) N
If hired, would you have transportation to/from work?	( ) Y or ( ) N
Can you provide proof, if hired, that you are eligible to work in the United States?	( ) Y or ( ) N
Have you ever been convicted of a criminal offense (felony or misdemeanor?)	( ) Y or ( ) N
If yes, please explain:	
<i>(Note: Convictions are not an absolute bar to employment but will be considered in relationship to the job requirements.)</i>	
Were you ever discharged by any company?                      ( ) Y or ( ) N	If yes, give name of company:
Reason for discharge:	

## Education, Training and Experience

Name & Location of School		Circle last year Completed	Did You Graduate?	Subjects Studied and Degree(s) Received
High School:		1 2 3 4	( ) Yes	
			( ) No	
College / University:		1 2 3 4	( ) Yes	
			( ) No	
Trade, Business or Correspondence School		1 2 3 4	( ) Yes	
			( ) No	
<b>Subjects of Special Study Training, Licenses, Certificates:</b>				
<b>Job Related Skills (Computer skills, and other education/training/skills):</b>				

## Employment History (Start with your current or last job - do not use "see resume.")

Date Month and Year	Name and address of employer	Salary (upon leaving)	Position	Reason for Leaving
From				
To				
From				
To				
From				
To				
From				
To				

## References (List below three persons not related to you, whom you have known at least one year)

Name	Address	Position	Years Acquainted
1			
2			
3			

## Authorization

### Please Read, then Sign Below

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that any false statement, omission or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the Company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorize the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the Company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

I understand & agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company's Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the Company to hire. If hired, I agree to abide by all Company work rules, policies and procedures. The Company retains the right to revise its policies or procedures, in whole or in part at any time.

Signature

Date