

APPLICATION FOR EMPLOYMENT

**PLEASE PROVIDE COMPLETE
INFORMATION TO ALL REQUESTS**

AN EQUAL OPPORTUNITY EMPLOYER

Date Application Completed: _____ Location Applied for: _____

Last Name	First Name	Middle Name	Social Security No:
Street Address			Telephone Number ()
City, State, Zip			
Emergency Contact:	Do you understand the requirements of the Position you have applied for? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Emergency Phone Number:	Can you perform the physical requirements with or without reasonable accommodation? YES <input type="checkbox"/> NO <input type="checkbox"/>		
()	Will you work overtime if needed? YES <input type="checkbox"/> NO <input type="checkbox"/>		
	Do you currently have any relatives working for the Company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, please list name(s): _____		
Position Applied for:		Pay Expected:	

Only those U.S. Citizens or Aliens who have a legal right to work in the United States are eligible for employment. Can you, upon employment, provide documentation verifying your legal right to work in the United States and your identity? YES NO

Name & Location of Schools Attended	Graduate (YES/NO)	Type of Degree Awarded	Major Area of Study
High School			
College			
Other			

If you did not graduate from High School, circle the last year of school you completed:

5 6 7 8 9 10 11

List any other Education, Certifications, or Trade Skills that you have which relate to this job:

Are you 18 years of age or older? YES NO

A RECORD OF CONVICTION DOES NOT NECESSARILY DISQUALIFY YOU FROM EMPLOYMENT CONSIDERATION. Have you ever been **CONVICTED** of a felony or misdemeanor, other than traffic violations? YES NO

If YES, list only convictions and dates: _____

EMPLOYMENT HISTORY

Please provide accurate, complete full-time and part-time employment history for your last three positions. Start with your most recent employer.

# 1 Company Name _____	Telephone () _____
Address _____	Employed From _____ To _____
Supervisor's Name _____	Starting Pay _____ Ending Pay _____
Your Title _____	Reason for Leaving _____
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# 2 Company Name _____	Telephone () _____
Address _____	Employed From _____ To _____
Supervisor's Name _____	Starting Pay _____ Ending Pay _____
Your Title _____	Reason for Leaving _____
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

# 3 Company Name _____	Telephone () _____
Address _____	Employed From _____ To _____
Supervisor's Name _____	Starting Pay _____ Ending Pay _____
Your Title _____	Reason for Leaving _____
May we contact this Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please explain any gaps in employment: _____

IMPORTANT – READ CAREFULLY BEFORE SIGNING

I certify that the information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of material fact on this application will result in my immediate dismissal. I authorize all persons, schools, companies, corporations, credit bureaus, government agencies, or any other party to release information concerning my background which may include, but is not limited to, criminal, credit, driver's records, so long as not prohibited by law and the requests are job related.

I further agree to submit to alcohol and/or drug screening tests, if requested of me, at any time prior to (only drug screens will be administered pre-employment), or during my employment in accordance with applicable law, and I further understand and consent to the results of said tests being communicated to the Company. I further understand that no one, other than the President of the Company, in writing, has the authority to enter into an employment agreement with me that differs from that which is outlined here, and that if I should become employed by the Company that the employment relationship is "at will" and can be terminated by either party without cause.

I further understand that this application for employment will remain "active" for thirty (30) days from today's date. If I still desire a position with the Company, it will be my responsibility to fill out a new application and file it with the Company after that period expires.

Signature of Applicant _____ Date _____