

(Location)



APPLICATION FOR EMPLOYMENT

NOTICE: Applicants must successfully complete a drug screen prior to employment.

EQUAL EMPLOYMENT OPPORTUNITY: It is the policy of the company to prohibit unlawful discrimination on the basis of any characteristic protected by applicable local, state, or federal law. If you believe your equal employment rights have been violated, you may contact the appropriate state or federal EEO agency.

PLEASE PRINT

Full Name			Social Security Number
Current Address	City	State	Zip Code Telephone ()
Previous Address	City	State	Zip Code How long (MO/YR to MO/YR)? From / to /
What position or type of work are you seeking?	How were you referred for this position?		Are you age 18 or older? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you interested in: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary <input type="checkbox"/> Internship	What days and hours can you not work?		Willing to work overtime? <input type="checkbox"/> No <input type="checkbox"/> Yes
Salary/hourly rate desired	Date available to begin work:	Are you presently on layoff from another job and subject to recall? <input type="checkbox"/> No <input type="checkbox"/> Yes	
Have you applied here before? <input type="checkbox"/> No <input type="checkbox"/> Yes-When:	Have you previously been employed here? <input type="checkbox"/> No <input type="checkbox"/> Yes-When? _____ Under what name _____		
Are you presently employed? <input type="checkbox"/> No <input type="checkbox"/> Yes	May we inquire of your employer? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you have relatives working here (will not necessarily disqualify employment)? <input type="checkbox"/> No <input type="checkbox"/> Yes-Name: _____ Relationship: _____	

EDUCATION AND SKILLS

Check the boxes that indicate all levels of completed education:

<input type="checkbox"/> High School Graduate or GED	<input type="checkbox"/> Some College	College _____	<input type="checkbox"/> Trade or Business School	School _____
	<input type="checkbox"/> College Graduate	Degree _____		Field of Study _____
	<input type="checkbox"/> Post-Graduate	Major _____		

List certificates or licenses you hold, or specialized training you have completed that may help qualify you for employment:

List equipment you operate that may help qualify you for employment:

List any other experiences, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment:

GENERAL INFORMATION

If required, do you have a valid driver's license? No Yes Driver's License Number _____ State _____

List any moving traffic convictions or guilty pleas during the last two years:

Have you been convicted of a felony (excluding any record or conviction that has been judicially sealed, expunged, eradicated, or dismissed)?
 No Yes-Explain (conviction will not necessarily disqualify): _____

Can you submit verification of your eligibility for employment in the United States?
 No Yes

COMPLETE REVERSE SIDE OF THIS FORM

EMPLOYMENT HISTORY/PERSONAL REFERENCES

List ALL periods of employment, self employment, U.S. military service, volunteer work, and/or non-employment starting with the MOST RECENT FIRST. Personal references may be listed following employment history—please do not list relatives. You may attach a resume' and list of references in lieu of completing this section.

From	Employer	Position/Duties	
To	Address and Telephone Number	Starting Pay	Supervisor's Name
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Pay	Reason for Leaving
From	Employer	Position/Duties	
To	Address and Telephone Number	Starting Pay	Supervisor's Name
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Pay	Reason for Leaving
From	Employer	Position/Duties	
To	Address and Telephone Number	Starting Pay	Supervisor's Name
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Pay	Reason for Leaving
From	<input type="checkbox"/> Employer <input type="checkbox"/> Personal Reference	Position/Duties (Describe relationship if reference)	
To	Address and Telephone Number	Starting Pay	Supervisor's Name
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Pay	Reason for Leaving
From	<input type="checkbox"/> Employer <input type="checkbox"/> Personal Reference	Position/Duties (Describe relationship if reference)	
To	Address and Telephone Number	Starting Pay	Supervisor's Name
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		Last Pay	Reason for Leaving

CERTIFICATION AND ACKNOWLEDGEMENT

I certify that all information submitted in this application form, or in any resume', interview, or other information, is true and complete and that I have not knowingly withheld, nor will I withhold, any information that would affect my application for employment. I understand that the employer is under no obligation to consider or reconsider this application at any time, and that acceptance of my application does not constitute an offer of employment. I understand that any untrue statements or omissions in this application or during the interview will be just cause for revocation of the employment offer or dismissal, regardless of when the falsification and/or omission is discovered. I also understand and agree that:

1. Inquiries may be made with my previous employers or others who may have knowledge of me. I authorize any such person or agency to give you any and all information concerning my previous employment, including but not limited to, an assessment of my job performance, ability, and fitness, and/or any other information they may have, personal or otherwise, and release all parties from any and all liability, claims, or damages that may directly or indirectly result from furnishing same.

2. Prior to my beginning work or during my employment, employer reserves the right to require any lawful form of medical, drug, alcohol, psychological, character, honesty, integrity, aptitude, skill, or other test or examination.

3. This application for employment represents the entire understanding between the Company and me, that any prior oral or written statements to the contrary hereby expressly disavowed by me, and that this understanding may be changed only by a writing which makes specific reference to this Application for Employment and is signed by the Company.

4. I hereby consent and authorize the employer or its agent to obtain a copy of my motor vehicle report (hereinafter "MVR") from the applicable department of motor vehicles, and to use such MVR for the purpose(s) these entities deem appropriate. I understand that the MVR obtained may or may not be used for insurance/underwriting purposes to verify information I have provided to a potential employer. I also understand that said MVR may be obtained from a consumer reporting agency and I so authorize such method.

If employed, I understand and agree that my employment is "at-will" and may be terminated with or without cause or notice at my option or at the option of employer.

Signature	Date
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