



APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, disability or national origin. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

PERSONAL INFORMATION

	Date	Social Security Number	
<hr/>			
Name			
	Last	First	Middle
<hr/>			
Present Address			
	Street	City	State Zip
<hr/>			
Permanent Address			
	Street	City	State Zip
<hr/>			
Phone Number			
<hr/>			
Referred By	Are you 18 years of age or older?	Yes	No

EMPLOYMENT DESIRED

Position	Date You Can Start	Salary Desired	
<hr/>			
Are You Employed Now?	Yes No	If So May We Inquire of Your Present Employer?	Yes No
<hr/>			
Have You Ever Applied to this Company Before?	Yes No	Where?	When?
<hr/>			
Do You Seek a Reasonable Accommodation to Perform the Essential Functions of the Job for Which You Applied?			

AVAILABILITY FOR WORK?

Type of Work:	Part Time	Full Time	Temporary or Short Term	Long Term			
<hr/>							
Shifts or Time of Day:	Day	Afternoon	Graveyard	Rotating			
<hr/>							
Days of the Week:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
<hr/>							
Will you work daily overtime on occasion if necessary?				Will you work extra days in the week if necessary?			
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Do you plan to work elsewhere or attend school and work here too?				Do you have any on-going obligations or other personal commitments that would affect your work schedule?			

PRIOR EVENTS

Have you ever been discharged or asked to resign from previous employment?

Have you ever been refused a surety bond or ever had one cancelled?

Have you ever been convicted of a felony? If so, explain in detail.
 (A criminal record does not automatically bar employment)

EDUCATION

Name and Location of School	Last Year Completed				Did You Graduate?		Subjects Studied and Degree(s) Received
Grammar School	1	2	3	4	Yes	No	
High School	1	2	3	4	Yes	No	
College	1	2	3	4	Yes	No	
Trade, Business or Correspondence School	1	2	3	4	Yes	No	

GENERAL

Subjects of Special Study or Research Work _____

Job Related Skills, Certification, Licenses(typing, driver's license, etc.) _____

Date Month/Year	Name, Address and Telephone of employer	Name of Supervisor	Salary(upon leaving)	Position	Reason for Leaving
From					
To					
From					
To					
From					
To					

AUTHORIZATION

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I 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 understand that any employment is conditioned on a background check. I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

I understand and 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.

This Application shall remain in effect for six (6) months from its submission.

Date _____ Signature _____

PERSONAL INFORMATION in this section is required only after employment for personnel records.

Number of Dependents: _____

Marital Status: Single Married Divorced Widowed

Date of Birth: _____ Sex: _____

Are you a "special disabled veteran" or "Veteran of the Vietnam Era"? _____

Person to Notify in Case of emergency:
Name _____ Address _____ Phone _____

Name of Spouse(if any): _____
Spouse's employer _____ Phone _____

Personal Physician:
Name _____ Address _____ Phone _____