

Application for Employment

Conditions of employment are stated at the end of this form. Please read carefully before you sign this application.
(Application must be completed in full even if attaching a resume.)

POSITION APPLIED FOR _____ DATE OF APPLICATION _____

PERSONAL							
PLEASE PRINT USING BALLPOINT PEN							
FULL NAME	FIRST MIDDLE LAST				SOCIAL SECURITY NUMBER		
PRESENT ADDRESS	STREET CITY STATE ZIP				HOW LONG	HOME TELEPHONE #	
PREVIOUS ADDRESS	STREET CITY STATE ZIP				HOW LONG	MESSAGE TELEPHONE #	
IF NO PHONE, HOW MAY WE CONTACT YOU?							
ARE ANY OF YOUR RELATIVES PRESENTLY EMPLOYED WITH THE COMPANY OR ITS DIVISIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, NAME OF RELATIVE:							
HAVE YOU EVER WORKED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.							
HAVE YOU EVER APPLIED FOR THE COMPANY OR ITS DIVISIONS BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE? APPROXIMATE DATE: MO/YR.							
HOW WERE YOU REFERRED:							
GENERAL INFORMATION							
UNDER AGE 18, CAN YOU PROVIDE GENUINE DOCUMENTATION (IE. WORK PERMIT) ESTABLISHING YOUR ELIGIBILITY TO WORK AS REQUIRED BY FEDERAL AND/OR STATE LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A PLEASE NOTE THAT FEDERAL AND/OR STATE LAW RESTRICTS MINORS FROM FILLING CERTAIN OCCUPATIONS							
ONLY U.S. CITIZENS OR ALIENS WHO HAVE A LEGAL RIGHT TO WORK IN THE U.S. ARE ELIGIBLE FOR EMPLOYMENT. CAN YOU, UPON EMPLOYMENT PROVIDE GENUINE DOCUMENTATION ESTABLISHING YOUR IDENTITY AND ELIGIBILITY TO BE LEGALLY EMPLOYED IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE YOU EVER BEEN CONVICTED OF A CRIME OR VIOLATION OTHER THAN A MINOR TRAFFIC INFRACTION? <input type="checkbox"/> YES <input type="checkbox"/> NO (A CONVICTION RECORD WILL NOT NECESSARILY BE A BAR TO EMPLOYMENT. FACTORS SUCH AS JOB RELATIONS, AGE AND TIME OF THE OFFENSE, SERIOUSNESS AND NATURE OF VIOLATION AND REHABILITATION WILL BE TAKEN INTO ACCOUNT) IF YES, PLEASE EXPLAIN:							
PLEASE CHECK SCHEDULE AVAILABILITY: <input type="checkbox"/> I am available and desire to work FULL-TIME and do not have restrictions on my hours and days. <input type="checkbox"/> I am available and desire to work PART-TIME							
Days and Hours Available							
Day	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
NOTE: WORK SCHEDULES ARE BASED UPON THE NEEDS OF THE BUSINESS AND MAY BE SUBJECT TO CHANGE ON A WEEKLY BASIS.							
WAGE DESIRED				DATE AVAILABLE FOR WORK?			

EMPLOYMENT HISTORY

BEGIN WITH YOUR MOST RECENT EMPLOYMENT [1] AND CONTINUE WITH ALL PAST EMPLOYMENT (ATTACH ADDITIONAL SHEET IF NECESSARY)

1	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS	TO		ENDING SALARY			
		MO.	YR.				
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS						
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO	
2	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS	TO		ENDING SALARY			
		MO.	YR.				
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS						
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO	
3	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS	TO		ENDING SALARY			
		MO.	YR.				
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS						
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO	
4	EMPLOYER	FROM		STARTING SALARY	JOB TITLE	REASON FOR LEAVING (Please Explain)	
		MO.	YR.				
	NAME OF COMPANY			\$			DESCRIBE YOUR JOB DUTIES
	ADDRESS	TO		ENDING SALARY			
		MO.	YR.				
CITY, STATE, ZIP			\$	NAME & TITLE OF IMMEDIATE SUPERVISOR			
PHONE NO.	TYPE OF BUSINESS						
EXPLAIN ANY PERIOD BETWEEN JOBS						MAY WE CONTACT EMPLOYER? [] YES [] NO	

EDUCATION

EDUCATION TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	CIRCLE LAST YEAR ATTENDED	GRADUATED	DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
COLLEGE			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
GRADUATE SCHOOL			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
BUSINESS, TRADE OTHER			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

ADDITIONAL EXPERIENCE OR QUALIFICATIONS

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

--

ESSENTIAL REQUIREMENT INFORMATION

Consistent attendance and punctuality are essential requirements of every job with this company. Is there anything that would interfere with your regular attendance and punctuality if you are offered a job with the company? YES NO

If Yes, please explain _____

Can you with or without reasonable accommodation perform the essential functions of this job? *(If you have any questions about the functions of the job, please ask for a job description before answering this question.)* _____

BUSINESS REFERENCES

1	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN
2	NAME	OCCUPATION BUSINESS PHONE ()
	HOME ADDRESS HOME PHONE ()	TITLE RELATIONSHIP
	CITY AND STATE (ZIP)	HOW LONG KNOWN

NOTIFICATION AND AGREEMENT

PLEASE READ CAREFULLY BEFORE SIGNING*

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the Company that such employment is at will, for no specified duration and may be terminated by either the Company or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, statements of the Company or its representatives used during the employment process is deemed a contract of employment real or implied. I understand that no representative of the Company except the President has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the President of the Company.

In consideration for employment with the Company, if employed, I agree to conform to the rules, regulations, policies and procedures of the Company at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the Company's business, attendance and punctuality are considered essential requirements of every job at the Company and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the Company, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. I understand that unsatisfactory results from, refusal to cooperate with, or any attempt to affect the results of these pre-employment tests and checks will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the Company and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for three months. If I wish to be considered for employment after this period I must fill out and submit a new application.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ABOVE STATEMENTS.

Signature

Date

THIS EMPLOYER IS PROUD TO BE AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.