



## 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 Disabilities Act, applicants may request accommodations needed to participate in the application process.

### PERSONAL INFORMATION

Name:

Last

First

Middle

Present Address

Street

City

State

Zip

Permanent Address

Street

City

State

Zip

Phone Number ( )

Referred By

Are you 18 years of age or older?

YES

NO

### EMPLOYMENT DESIRED

Position:

Date You  
Can Start:

Salary  
Desired:

Are you presently  
employed? YES  NO

If So May We Inquire of  
Your Present Employer? YES  NO

Ever Applied To This  
Company Before? YES  NO

Where? When?

### EDUCATION

	Name and Location of School	Last Year Completed	Did You Graduate?	Subjects Studied and Degree(s) Recieved
Grammar School			<input type="checkbox"/> YES <input type="checkbox"/> NO	
High School		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	
Trade, Business, Correspondence School		1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

### GENERAL

Have You Been Convicted Of a Crime In The Past Ten Years (Including Traffic Violations)? YES  NO

If Yes,  
List Convictions:

Do You Have Any Physical Handicaps/Limitations Preventing You From Doing Certain Types Of Work? YES  NO

If Yes,  
Describe:

Are You Capable Of Lifting 70lbs? YES  NO

If No,  
Describe:

What Type Of Transportation Will You Use To Get To Work Each Day?

Last

First

Middle

**FORMER EMPLOYERS** List below your last four employers, starting with the last one first.

Date Month & Year	Name, Address & Phone 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 & Phone Number	Address	Position	Years Acquainted
Name:			
Phone:			
Name:			
Phone:			
Name:			
Phone:			

**Subjects of Special Study or Research Work:**

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**Job Related Skills (typing, drivers license, etc.):**

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If you are to be hired by the company, you will be required to attest to your identity and employment eligibility, and to present documents confirming your identity and employment eligibility. You cannot be hired if you cannot comply with these requirements.

**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 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.

**DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_