

DATE _____

APPLICATION FOR EMPLOYMENT

"An Equal Opportunity Employer"

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status or disability.

Name _____ Social Security No. _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____

Position Applied For: _____

Are you 18 years of age or older? Yes No

Are you legally entitled to hold employment of the kind for which you are applying in the United States? Yes No

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR (other than minor traffic violations)? Yes No
 If "yes", where and for what offense(s) were you convicted?

(A conviction will not necessarily be a bar to employment. Factors such as date, nature and number of offenses, age at the time of offense and rehabilitation will be considered).

EMPLOYMENT DESIRED

POSITION (S)	DATE YOU CAN START	COMPENSATION DESIRED
ARE YOU EMPLOYED NOW?		IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
ARE YOU APPLYING FOR FULL OR PART TIME?		IF PREVIOUSLY EMPLOYED BY US - WHEN?

EDUCATION

	Name and Location of School	No. Years Attended	*Did you graduate?	*Subjects Studied and Degree Received
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

*Degree of educational achievement is considered in the hiring process only to the extent that specific educational achievement is a requirement for performing the job.
 LIST ANY ADDITIONAL SPECIAL SKILLS OR ABILITIES THAT YOU HAVE WHICH RELATE TO THE JOB FOR WHICH YOU ARE APPLYING

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

DATE, MONTH & YEAR	NAME AND ADDRESS OF EMPLOYER	WAGE RATE	POSITION	REASON FOR LEAVING
From To				
From To				
From To				
From To				

REFERENCES Give the names of three persons not related to you, whom you have known at least one year.

NAME	ADDRESS/TELEPHONE	POSITION/BUSINESS	YEARS ACQUAINTED

List names of any relatives previously employed here: _____

***I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, INCOMPLETE, FALSE OR MISLEADING STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL AT ANY TIME IN THE FUTURE.**

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAME TO YOU.

I ALSO AUTHORIZE YOU TO OBTAIN INFORMATION REGARDING MY RECORD FROM THE BUREAU OF MOTOR VEHICLES IF THE JOB FOR WHICH I AM APPLYING WILL REQUIRE DRIVING AS A PART OF MY JOB DUTIES.

I UNDERSTAND THAT PURSUANT TO THE COMPANY'S JOB APPLICATION PROCESS I MAY BE REQUIRED TO UNDERGO DRUG TESTING. I FURTHER UNDERSTAND THAT IF I REFUSE TO TAKE OR FAIL THE DRUG TEST, I AM DISQUALIFIED FROM FURTHER EMPLOYMENT CONSIDERATION. I HEREBY KNOWINGLY AND VOLUNTARILY CONSENT TO THE COMPANY'S REQUEST TO UNDERGO DRUG TESTING. I FURTHER RELEASE THE COMPANY AND ITS OFFICERS, AGENTS, REPRESENTATTVES AND EMPLOYEES FROM ANY AND ALL CLAIMS AND LIABILITY FOR DAMAGES ASSOCIATED WITH OR ARISING FROM MY SUBMISSION TO THESE TESTS.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO COMPANY RULES, REGULATIONS AND POLICIES, AND AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE AT ANY TIME, FOR ANY REASON, AT THE OPTION OF EITHER THE COMPANY OR MYSELF. I UNDERSTAND THAT NO SUPERVISOR, MANAGER, OFFICER OR REPRESENTATIVE OF THE COMPANY OR ANY OTHER ENTITY OF THE COMPANY, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR PROVIDING WORK FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING OTHER THAN THE PRESIDENT AND THEN ONLY IN WRITING. I UNDERSTAND THAT NO PROMISE OF A BENEFIT IS BINDING UNLESS MADE IN WRITING AND SIGNED BY THE PRESIDENT OF THE COMPANY.

READ, UNDERSTOOD AND AGREED.

Date _____

Signature _____