

APPLICATION FOR EMPLOYMENT

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity or expression, pregnancy, age, national origin, disability status, genetic information, protected veteran status, or any other characteristic protected by law.

PERSONAL INFORMATION Date: _____

<u>Name</u>			
Last	First	Middle	
<u>Present Address</u>			
Street	City	State	Zip
<u>Permanent Address</u>			
Street	City	State	Zip
<u>Phone Numbers: (Home)</u>		<u>(Cell)</u>	
<u>Referred By</u>		<u>Are you 18 years of age or older?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT DESIRED

<u>Position</u>	<u>Date You Can Start</u>	<u>Salary Desired</u>
<u>Are You Employed Now?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<u>If So May We Inquire of Your Present Employer</u>
<u>Ever Applied to this Company Before?</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>Where?</u>	<u>When?</u>

EDUCATION	Name and Location of School	Did You Graduate?	Subjects Studied and Degree(s) Received
High School		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
College		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
College		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	
Trade, Business or Correspondence School		<input type="checkbox"/> YES	
		<input type="checkbox"/> NO	

GENERAL

Subjects of Special Study or Research Work

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

Activities Other Than Religious (Civic, Athletic, etc.)

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

Date (Month and Year)	Name and Address of Employer	Salary	Position (Upon Leaving)	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	Position	Years Acquainted
1			
2			
3			

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. Within 3 days of starting work for pay, you must present to your employer documentation that establishes your identity and employment authorization.

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 drug testing before starting work. I consent to such test, 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 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, in whole or in part, at any time.

DATE: _____ **Signature:** _____