

APPLICATION FOR EMPLOYMENT



An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age, disability or military status. It is our intention that all qualified applicants are given equal opportunity and that selection decisions be based on job related factors.

Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based on non-job-related information.

Today's Date: ____/____/____

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number (____) ____-____ Social Security Number (optional): ____-____-____

Position Applying For: _____ Full-time Part-time Temporary

Working Hours: From _____ To _____ Working Days (circle): M T W Th. F S Sun

Date available: ____/____/____ Salary or Wage desired: _____

Have you been employed by our company before? Yes No If yes, when? _____

Have you ever applied for employment here before? Yes No If yes, when? _____

Are you 18 years of age or older? Yes No If hired, you may be required to submit proof of age.

If hired, can you show proof you are eligible to work in the United States? Yes No

Have you ever been, convicted or pled guilty or no contest, to a felony offense? Yes No

(IMPORTANT: For purposes of employment with this Company, "convictions" include sentenced to confinement, paid fine, time served, placed on probation (including deferred adjudication) and court ordered restitution.)

If yes, please explain:

(A yes answer does not automatically disqualify you from employment, since the nature of the offense, date, and job which you are applying for is considered.)

Will you work overtime if required: Yes No (Availability for overtime is a factor in the hiring decision.)

Are you presently employed? Yes No If yes, where? _____

If yes, can we call you at work: Yes No If yes, phone number: _____

Are you on a layoff and subject to recall? Yes No

If yes, please give name Employer's Name: _____

Previous Employers (List current or most recent position first)

(Account for all periods of time including any periods of unemployment. If self-employed, give firm name and supply business references.)

Name of Employer: _____ Dates: From _____ To _____

Address: _____

Position held: _____ Salary: Start _____ End _____

Describe duties: _____

Reason(s) for Leaving: _____

Name of Employer: _____ Dates: From _____ To _____

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Name of Employer: _____ Dates: From _____ To _____

Address: _____

Position held: _____ Salary: Start _____ End _____

Describe duties: _____

Reason(s) for Leaving: _____

Military Service

Are you a Veteran: Yes No

If yes, please give dates of service. Dates: _____ to _____

Last Rank: _____

Please list any special skills or training: _____

Educational Information

List Name and Address of Schools:

High School or GED: _____ Years completed: _____

_____ Diploma/Degree: _____

College/University: _____ Years completed: _____

_____ Diploma/Degree: _____

Business/Technical School: _____ Years completed: _____

_____ Diploma/Degree: _____

Other: _____

Special Skills

What skills or additional training do you have that are related to the job for which you are applying:

What machines or equipment can you operate that are related to the job for which you are applying:

For driving jobs ONLY: Do you have a valid drivers license? Yes No Exp. Date: _____

Driver's License Number: _____ State: _____ Class: _____

Are there any restrictions on your driver's license? Yes No Explain:

Have you had your driver's license suspended or revoked in the last three years: Yes No

If yes, give details: _____

List professional, trade, business or civic activities and offices held: _____

How many days of work have you missed during the past year (excluding absences due to disability and those covered by FMLA)? _____

Please list any other skill or training that would be relevant for the position for which you are applying:

Other References (Personal, Professional and/or Academic)

Have you worked or attended school under any other name? Yes No

If yes, give names: _____

Are you presently employed? Yes No

Permission is granted to contact current employer Yes No

If yes, whom do you suggest we contact? _____

Have you ever been fired or asked to resign? Yes No

If yes, please explain: _____

Give three references (name, address, and phone number), not relatives or former employers:

1. _____
2. _____
3. _____

Permission is granted to contact the above references, other than current employer Yes No

Applicant's Acknowledgement & Statement

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the Employer is an equal opportunity employer. The employer does not discriminate in employment and no questions on this application is used for the purpose of limiting or excluding applicant's consideration for employment on a basis prohibited by local, state or federal law.

I give the Employer the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Employer and its representatives from seeking information and all other persons, corporations or organizations furnishing such information. I also authorize whether listed or not, any person, school, current employer, past employer and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in makes such statements.

I also understand that should I be employed by the Employer, I will be required, in accordance with the Immigration Reform Control Act of 1986 (IRCA), to provide on my first day of employment documents providing proof of my identity and employment eligibility status. I acknowledge that this verification is a condition of employment and that failure to comply will void my offer of employment.

I understand that the Employer's place of business is a drug free environment, as such, I may be required to successfully pass a drug screening examination. I hereby consent to a pre- and post employment drug screen as a condition of employment, if required.

I understand that this application or subsequent employment does not create a contract of employment nor guarantee employment for any period of time. If employed, I understand that I have been hired 'at the will' of the employer and my employment may be terminated at any time, with or without cause and with or without notice.

I, _____ agree to immediately notify the Employer if I am convicted of, receive deferred adjudication in, or otherwise plead guilty or no contest to a felony, or any crime involving dishonesty or a breach of trust while my application is pending or during my period of employment, if hired.

I have read, understand and by my signature consent to these statements.

Signature of Applicant: _____ Date: _____

This application for employment will remain active for one year from date of completion.