

APPLICATION FOR EMPLOYMENT

Position Desired _____

Full Time

Date _____

Part Time

WE ARE AN EQUAL OPPORTUNITY EMPLOYER APPLICANTS STATEMENT

I understand that if I am hired my employment will be for no definite period, regardless of the period of payment of my wages. I further understand that I have the right to terminate my employment at any time with or without notice, and the Company has the same right. No one other than the President of the Company had authority to modify this relationship or make any agreement to the contrary. Any such modification or agreement must be in writing and signed by the President of the Company.

I understand that the Company reserves the right to require me to submit to a drug test at any time and also reserves the right to require me to submit to an alcohol test and/or medical examination to the extent permitted by law. I authorize the Company to investigate my driving record, my criminal record, my credit history, and education history, and I understand that an investigative consumer report may be prepared whereby information is obtained through personal interviews with neighbors, friends and others with whom I am acquainted. This inquiry would include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive detailed information about the nature and scope of this investigation.

I further understand that the Company may contact my previous employers and I authorize those employers to disclose to the Company all records and other information pertinent to my employment with them. I also authorize the Company to provide truthful information concerning my employment with it to my future prospective employers and I agree to hold it harmless for providing such information.

I certify that all of the information that I provide on this application and in any interview will be true and accurate. I understand that if I am employed and any such information is later found to be false, incomplete or misleading in any respect, I may be dismissed.

DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS STATEMENT

Date

Signature of Applicant

PERSONAL DATA

Name _____
(Print) Last First Middle

Social security No _____

Present Address _____
Street and Number City State Zip

How long have you lived there? _____
Years Months

Previous Address _____
Street and Number City State Zip

How long did you live there? _____
Years Months

Telephone No _____

Are you 18 years of age or older? Yes No

Have you ever worked for this Company before? Yes No

If Yes, please give dates and position(s) held: _____

Do you have any friends or relatives working here? Yes No

If Yes, Name: _____ Relationship: _____

How would you get to and from work, if hired? _____

Have you ever pled guilty or "no contest" to a crime or been convicted of a crime?

Yes No

If yes, please give date and details of each: _____

NOTE: Answering "Yes" to this question does not constitute an automatic bar to employment. Only those crimes that are substantially related to the position you are seeking will be considered.

PREVIOUS EXPERIENCE

Please indicate any actual experience that you have which you feel is relevant to the position for which you are applying.

EDUCATION

School Name and Address	Years Completed: (Circle)	Diploma/Degree Awarded, Certificate Awarded	Describe Course of Study or Major	Describe Specialized Training, Experience, Skills, and Extra Curricular Activities
Elementary	4 5 6 7 8			
High School	9 10 11 12			
College / University	1 2 3 4			
Graduate / Professional	1 2 3 4			
Trade or Correspondence				
Other				

EMERGENCY INFORMATION

In case of an accident or other emergency, whom should we contact?

Name _____

Relationship _____

Home address _____

Telephone _____

Street City State Zip

Work address _____

Telephone _____

Street City State Zip

HOW DID YOU HEAR ABOUT US? (circle one)

- a) Newspaper b) Television c) Radio d) Referral e) Billboard f) Employee

If referred, by whom? _____

RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employer in chronological order with present or last employer listed first. Be sure to account for all periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references. Use the back of the page if needed to provide complete information.

Present or Last Employer	<u>Employed</u> From (mo / yr)	<u>Pay</u> Start \$	<u>Your title or Position</u> <u>And Job Duties</u>	<u>Reason for Leaving</u>
Address				<u>Amount of notice</u> <u>provided by you</u>
City, State Zip Code	To (mo / yr)	Final \$	<u>Name and Title</u> <u>Of Last Supervisor</u>	
Telephone				
Present or Last Employer	<u>Employed</u> From (mo / yr)	<u>Pay</u> Start \$	<u>Your title or Position</u> <u>And Job Duties</u>	<u>Reason for Leaving</u>
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Telephone				

Have you ever been terminated or asked to resign from any job? Yes No If Yes, please explain circumstances in detail:

Please explain fully any gaps in your employment history: _____

May we contact your current employer? Yes No. If No, please explain: _____

PERSONAL REFERENCES

Please list persons who know you well - not previous employers or relatives

Name	Occupation	Address (Street, City, and State)	Telephone Number	Number of Years Known

DRIVING INFORMATION

Do you have a current driver's license? Yes No

State: _____ License No _____ Expiration Date: _____

Has your driver's license ever been suspended or revoked? Yes No

If Yes, please state the date(s) and explain circumstances of each suspension or revocation: _____

Do you have personal automobile insurance? Yes No Name of Insurance Company: _____

Has your personal automobile insurance ever been canceled? Yes No

If Yes, please explain circumstances: _____

Have you ever been cited for driving under the influence (DUI) or driving while intoxicated (DWI)? Yes No

If Yes, please explain circumstances and outcome _____

Please list all moving traffic violations in the last five (5) years:

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

Offense _____ Date _____ Location _____

THIS APPLICATION WILL BE CONSIDERED ACTIVE FOR A MAXIMUM OF THIRTY (30) DAYS. IF YOU WISH TO BE CONSIDERED FOR EMPLOYMENT AFTER THAT TIME YOU MUST REAPPLY.

I CERTIFY THAT ALL OF THE INFORMATION THAT I HAVE PROVIDED IN THIS APPLICATION IS TRUE AND ACCURATE.

Date

Signature of Applicant