



APPLICATION FOR EMPLOYMENT

PLEASE READ CAREFULLY

This application form is for general usage and you should not answer any question(s) which you feel may violate federal, state and/or local law.

This application is considered current for six months and for this job opening only. Should you wish to be considered for employment, at the end of this period, it will be necessary to fill out a new application form.

AN EQUAL OPPORTUNITY EMPLOYER

GENERAL INFORMATION

Name: _____

Last

First

Middle Initial

Social Security Number: _____ Driver's License Number and State: _____

Home or Mailing Address for the past 5 Years: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Alternate Phone: _____

Immigrant Work Status: _____

All persons, upon hiring, must provide valid authorization to work in the U.S.

JOB INTEREST

Position Applying For: _____ Date: _____ Referred By: _____

Type of Employment Desired (Check One): Full Time _____ Part Time _____ Temporary _____ Summer _____

Shift Preference (Check One): Day _____ Swing _____ Night _____ All _____

Are You Willing to Work Overtime? Yes _____ No _____ Weekends: Yes _____ No _____
 Are You Willing to Travel? Yes _____ No _____ If yes, how often? _____

Salary Required: Hourly: _____ Weekly: _____ or Monthly: _____
 Date Available to Begin Work: _____ Are you 18 or Over? Yes _____ No _____ If No, Age _____

EDUCATION	Name and Address of School Attended	Course of Study	Did you Graduate?	List Diploma or Degree
High School			Yes () No () Attending ()	
College or University			Yes () No () Attending ()	
Other (specify)			Yes () No () Attending ()	
Certifications / Publications			Yes () No () Attending ()	

Additional experience/skills and information relating to position applied for or of general interest:

List name, relationship and phone number of three references (omitting relatives):

1) _____

2) _____

3) _____

Geographic Preferences (If any)	Foreign languages in which you are fluent, if any	Circle Applicable Skill Levels(s)		
1)		Write	Speak	Read
2)	1)	Write	Speak	Read
3)	2	Write	Speak	Read

Are you willing to take a physical examination, including urinalysis, blood tests, or other drug and alcohol tests as part of that examination? (Any job offers may be contingent upon one.) Yes No

If hired are you willing to take urinalysis, blood tests, or other drug and alcohol tests if required by the employer? Yes No

Do you have a driver's licenses?	Yes	No
If Yes, has your licenses <u>ever</u> been revoked or suspended? If yes, give details	Yes	No
Do you currently have any traffic charges pending against you?	Yes	No
Detail any traffic convictions in the past 5 years.		

Employment History						
List below all present and past employment beginning with your most recent. Account for 10 years including periods of unemployment and military service. All sections must be completed even if a resume is attached.						
Name and Address of Company			From		To	
			Month	Year	Month	Year
			# of Hrs. Worked Per Wk. _____			
Position Title	Supervisor	(Area Code) Telephone #	Salary	Start:		

				End:		_____

Type of Business or Product Line						
Description of Your Duties						
Reason For Leaving:						

Name and Address of Company			From		To	
			Month	Year	Month	Year
			# of Hrs. Worked Per Wk. _____			
Position Title	Supervisor	(Area Code) Telephone #	Salary	Start:		

				End:		_____

Type of Business or Product Line						

Description of Your Duties
Reason For Leaving:

Name and Address of Company			From		To	
			Month	Year	Month	Year
			# of Hrs. Worked Per Wk. _____			
Position Title	Supervisor	(Area Code) Telephone #	Salary	Start: _____ End: _____		
Type of Business or Product Line						
Description of Your Duties						
Reason For Leaving:						

PRE-EMPLOYMENT STATEMENT

I certify that to the best of my knowledge the foregoing statements and medical history information given by me are true. I understand that if I am employed, any misrepresentation or omission by me herein will be sufficient cause for dismissal from the service of this company or any of its subsidiaries (hereinafter referred to as "Company"). I also authorize any investigation of the above information for purposes of verification. Furthermore, I agree that during the course of my employment any accounts which may be owing by me to the "Company: may, at the discretion of the "Company" be withheld from my salary. I also agree and understand that if employed by the "Company" my employment is for no definite period of time and may, regardless of the date of payment of my salary, be terminated at any time with the customary notice as prescribed by law either by myself or the "Company", without necessity on the part of either for showing special cause for termination. I consent to taking any pre-employment physical examination required by the "Company" and such future physical examinations as may be required by the "Company".

May we contact present employer? Yes No

Signature: _____

Date: _____