

APPLICATION FOR EMPLOYMENT

Position Desired:	[] Full Time [] Part Time Date:
WE AR	E AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT
understand that I have the right to terminate my e	Il be for no definite period, regardless of the period of payment of my wages. I further mployment at any time with or without notice, and the Company has the same right. has authority to modify this relationship or make any agreement to the contrary. Any I.
I understand that the Company reserves the right require me to submit to an alcohol test and/or med	to require me to submit to a drug test at any time and also reserves the right to dical examination to the extent permitted by law.
investigative consumer report may be prepared w and others with whom I am acquainted. This inqu	record, my criminal record and my credit history, and I understand that an hereby information is obtained through personal interviews with neighbors, friends irry would include information as to my character, general reputation, personal hat I have the right to make a written request within a reasonable period of time to nature and scope of this investigation.
all records and other information pertinent to my e	ct my previous employers and I authorize those employers to disclose to the Company employment with them. I also authorize the Company to provide truthful information ospective employers and I agree to hold it harmless for providing such information.
	this application and in my interview will be true and accurate. I understand that if I und to be false or misleading in any respect, I may be dismissed.
DO NOT SIGN UNTIL Y	OU HAVE READ AND UNDERSTAND THIS STATEMENT
 Date	Signature of Applicant
PERSONAL DATA	
Name(Print – Last, First Middle Initial)	Home Phone
Address	Cell Phone
Have you ever worked for the Company before? [] Yes [] No
If Yes, please give dates and position:	
Do you have any friends or relatives working here	?[]Yes[]No
If Yes, Name:	Relationship:
Do you have reliable means of transportation to/fr	om work should you be hired? [] Yes [] No
Have you ever pled guilty or "no contest" to a crim	e or been convicted of a crime? [] Yes [] No
If Yes, please give date and details of each incide	nt:
NOTE: Answering "Yes" to this question does not substantially related to the position you are seeking	t constitute an automatic bar to employment. Only those crimes which are ng will be considered.



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RECORD OF PREVIOUS EMPLOYMENT

Please list the names of your present or previous employers in chronological order with present or last employer listed first. Be sure to account for <u>all</u> periods of time including military service and any period of unemployment. If self-employed, give firm name and supply business references.

Present or Last Employer	Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving		
Address						
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title of Last Supervisor			
Telephone						
Present or Last Employer	Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving		
Address						
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title of Last Supervisor			
Telephone						
Present or Last Employer	Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving		
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Telephone						
Present or Last Employer	Employed From (mo/yr)	Pay Start \$	Your Title or Position	Reason for Leaving		
Address						
City, State, Zip Code	To (mo/yr)	Final \$	Name and Title of Last Supervisor			
Telephone						



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Please explain fully any gaps in	your employment histor	y:				
May we contact your current em	ployer? [] Yes [] No;	if No, please explain:				
PREVIOUS EXPERIENCE	Ē					
Please indicate any actual exper	rience that you have wh	ich you feel is relevant to th	e position for w	hich you are	applying:	
EDUCATION						
School Name	Years Completed	Diploma/Degree	Describe Course of Study or Major		Describe Specialized Training, Experience, Skills and Extra-Curricular Activities	
Elementary						
High School						
College/University						
Graduate/Professional						
Trade/ Correspondence/Other						
PERSONAL REFERENC	ES					
Please list persons who know yo	ou well – not previous e	mployers or relatives				
Name	Occupation	Addres (Street, City ar		Telep State) Num		Number of Years Known
THIS APPLICATION WILL BE (RTY (30) DAYS	S. IF YOU W	ISH TO BE	CONSIDERED FOR
CERTIFY THAT ALL OF THE	INFORMATION THAT	I HAVE PROVIDED ON TH	IS APPLICATIO	ON IS TRUE	AND ACCU	RATE.
Date		Signature o	of Applicant			