

## **APPLICATION FOR EMPLOYMENT**

Position Desired:	[ ] Full Time [ ] Part Time Date:
WE AR	RE AN EQUAL OPPORTUNITY EMPLOYER APPLICANT'S STATEMENT
understand that I have the right to terminate my e	ill be for no definite period, regardless of the period of payment of my wages. I further employment 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 g.
I understand that the Company reserves the right require me to submit to an alcohol test and/or me	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 wand others with whom I am acquainted. This inqu	g record, my criminal record and my credit history, and I understand that an whereby information is obtained through personal interviews with neighbors, friends uiry would include information as to my character, general reputation, personal that 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	act 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 rospective employers and I agree to hold it harmless for providing such information.
	n this application and in my interview will be true and accurate. I understand that if I bund to be false 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	Home Phone
(Print – Last, First Middle Initial)	
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	e?[]Yes[]No
If Yes, Name:	Relationship:
Do you have reliable means of transportation to/f	rom work should you be hired? [ ] Yes [ ] No
Have you ever pled guilty or "no contest" to a crin	ne or been convicted of a crime? [ ] Yes [ ] No
If Yes, please give date and details of each incide	ent:

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



## **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	<u>Pay</u>	Your Title or Position	Reason for Leaving	
resent of Last Employer	From (mo/yr)	Start \$	Todi Title OFF Ostilon	Neason 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					
	r asked to resign fror	m any job? [	Yes [ ] No If Yes, please explain circum	nstances:	
Please explain fully any gans in y					



May we contact your current employer? [ ] Yes [ ] No; if No, please explain:										
PREVIOUS EXPERIENCE	E									
Please indicate any actual exper	rience that you have wh	ich you feel is relevant to the	ne 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		1		l					
Please list persons who know yo	ou well – not previous ei	mployers or relatives								
Name Occupation		Addres (Street, City a				Number of Years Known				
THIS APPLICATION WILL BE C			IRTY (30) DAY	S. IF YOU W	/ISH TO BE	CONSIDERED FOR				
CERTIFY THAT ALL OF THE			IIS APPLICATI	ON IS TRUE	AND ACCU	RATE.				
Date Control of the c		Signature	of Applicant							