

Number: _____

Application for Employment with

**DO NOT REMOVE THIS
APPLICATION FROM OFFICE.**

Date Application Submitted: _____

Application will be active for 30 days following the day submitted.

APPLICATION FOR EMPLOYMENT

For your application to be considered, you must:

Number _____

1. Answer all questions/print or write legibly.
2. Read and sign the important information and conditions section of this application.
3. Complete the application in this office (applications may not be removed from the companies offices).
4. Date Application completed _____
5. This application is active 30 days from date of completion.

Last Name	First Name	Initial	Social Security Number
Any other name used: _____			
Address	Apt. #	City	State Zip Area Code & Phone Number
Permanent Address if different from above:			
Address	Apt. #	City	State Zip Area Code & Phone Number
NOTIFY IN EMERGENCY:			
Name	Address	Relationship	Area Code & Phone Number
Drivers License Number & State _____			

Have you been employed by this company previously? Yes No If yes, please complete below:

Position & Job Site	Date From	Date To
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Reason for leaving: _____

Have you applied before? Yes No If yes, please indicate when & what position(s): _____

Position(s) Applying For: _____ Salary/Wage Requested: _____

Do you have any relatives working for this company?: Yes No Please complete below:

Name	Location	Position
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Are you less than 18 years old? Yes No If yes, state age: _____ (proof of age may be required after job offer.)

Have you ever been convicted of a crime? Yes No If yes, please state date, place, and nature of conviction: _____

(A conviction does not constitute an automatic bar to employment.)

EDUCATIONAL BACKGROUND

Please list educational background, e.g., high school, college, and other special skills or training:

REFERENCES (Give name, address, & phone number of three references not related to you.)

Name	Address	Telephone

EMPLOYMENT HISTORY: List all employment and all jobs of any nature for the past two years. Start with current.

Employer: _____ Supervisor: _____ Address: _____ City & State: _____ Type of Business: _____ Position: _____ Duties: _____ _____	Employment Period From: _____ To: _____ Total Months: _____	Hourly Salary Highest: _____ Lowest: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving (Be Specific)
Employer: _____ Supervisor: _____ Address: _____ City & State: _____ Type of Business: _____ Position: _____ Duties: _____ _____	Employment Period From: _____ To: _____ Total Months: _____	Hourly Salary Highest: _____ Lowest: _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	Reason for Leaving (Be Specific)
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If necessary, please use additional sheet of paper.

Equal Opportunity Employer

IMPORTANT INFORMATION AND CONDITIONS

PLEASE BE SURE TO READ THE FOLLOWING STATEMENTS CAREFULLY AND SIGN THIS APPLICATION

1. I certify that all statements contained in this application or made in conjunction with it, are true and correct, and misrepresentation or omission of facts called for are grounds for disqualification from employment or may result in dismissal whenever the correct information becomes know to the company.
2. I understand that this application for employment does not in any way constitute an offer of employment or a contract of employment. Employment with the company is not by contract express or implied. Furthermore, should I be employed I understand that my employment is for no definite duration, and no representative of the Company other than the President has the authority to make any assurances to the contrary.
3. I give the Company the right to investigate all references and the right to secure additional information about me including the right to obtain investigative reports including, but not limited to, consumer credit reports, motor vehicle reports, criminal background checks, social security number verification. Furthermore, I authorize all my current and former employers, school officials, instructors, licensing board(s), reporting agencies, or any other persons whether or not such information is in their written records. I release the Company and its representatives from seeking such information and I release those companies, agencies, and individuals supplying such information from any liability for any damage whatsoever resulting from the giving of such information..
4. If I am extended an offer to work for the company, I understand I may be required to pass a physical examination which could include a drug screening.
5. I understand that if employed all of the company's policies and procedures (in whole or in part) do not constitute a contract of employment and that I agree to read and familiarize myself with all written policies and procedures which are subject to modification by the company with or without notice.
6. I understand all benefits available through the company vary depending upon classification and status. Benefits, of course, are subject to plan eligibility requirements.

Signature _____

Date _____

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