Application For Employment

ABOUT OUR COMPANY

Thank you for your interest in applying for a job with our Company. Because of our commitment to offering the highest possible satisfaction to our customers, we are only interested in hiring the best. We want to have a complete understanding of your qualifications, motivations and interests, so that we can make careful and deliberate hiring decisions that will benefit both the Company and our employees. Please answer the following questions honestly, completely and thoughtfully.

We are an Equal Opportunity Employer and do not discriminate on the basis of race, color, religion, sex, national origin, age, marital status or veteran status, or handicap or disability.

	Date of Application		
PERSONAL INFORMATION			
Name:			
Last Name	First Name	Middle Initial	
Address:			
City Telephone: () Socia	State al Security No:///	Zip Code	
If you are under 18 years of age, do you have a work permit If you have ever worked under another name, please identit			
YOUR JOB INTERESTS			
Position Desired: Dat What starting salary or wage do you expect: \$/ Are you available for full-time work? Yes No Are you willing to work any shift? Yes No Are there any days of the week when you would not be ava How did you learn of this job opening?	hr \$/wk \$/month _ Are you available for part-time work? Ye ilable to work? Please specify:	s No	
Have you ever worked for this Company before? Yes When? Why did you leave?	Who was your supervisor?		
Do you know anyone who works here? Yes No			
YOUR EDUCATION AND TRAINING			
Please Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Grade School High School High School What was the last school you attended?	1 2 3 4 5 1 2 3 4 College Trade/Tech special skills did you acquire, at the above-c	ircled school(s) which	

YOUR WORK EXPERIENCE

Are you presently employed? Yes No	0			
Are you on layoff and subject to recall? Yes	s No If yes, to where?			
1. Present or Last Employer:				
Address:				
Kind of Business:	Phone:			
Starting Position:	Pay: \$			
	Pay: \$			
Dates Employed: From: To:	Pates Employed: From: To: Name & Title of Supervisor:			
•	ibilities:			
Will you receive a satisfactory release fro	rom this employer? Yes No If "No", please explain:			
May we contact your present employer a	at this time? Yes No If "No", please explain:			
2 Next Previous Employer:				
	Phone:			
	Pay: \$			
	Pay: \$			
	· · · · · · · · · · · · · · · · · · ·			
	Dates Employed: From: To: Name & Title of Supervisor:			
Description of Your Work and Responsit	Description of Your Work and Responsibilities:			
Reason for Leaving:				
	rom this employer? Yes No If "No", please explain:			
3. Next Previous Employer:				
· ·				
	Phone:			
Starting Position:	Pay: \$			
	Pay: \$			
Dates Employed: From: To:	Name & Title of Supervisor:			
Description of 1 our work and Responsit	ibilities:			
Reason for Leaving.				

4. Next Previous Employer:	
	Phone:
5. Next Previous Employer:	
	Phone:
PERSONAL INFORMATION	
Do you have, or have you applied for the legal right to re-	emain permanently and work in the United States?
Yes No	
Have you ever been discharged or asked to resign by an employed	loyer? Yes No If yes, please explain:
	to employment, since the Company will consider factors such as iolation, and the evidence of rehabilitation in making any employ-
Have you ever been convicted of a crime, other than minor tra	ffic violations? Yes No
If your answer is yes, please explain:	
Have you been cited for any moving violations in the last five Has your driver's license ever been suspended, revoked, denie	No If yes, please give details: e years? Yes No If yes, please give details: d or cancelled? Yes No If yes, please
YOUR MILITARY EXPERIENCE	
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YOUR REFERENCES

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Completing this section of the application is optional. Leave this area blank if you do not wish to answer.

List the names of any professional or personal character references who have known you for the last three years and from whom you can obtain letters of recommendation. Please do not list relatives:

1. N	lame:	
	Address:	
R	elationship to Applicant:	
2. N	lame:	
	Address:	
R	elationship to Applicant:	
3. N	lame:	
	Address:	Phone:
R	elationship to Applicant:	

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

By signing below, I certify that I have read, understand and agree to each of the following statements:

All of the information I have supplied on this application is true, accurate and complete, to the best of my knowledge, and I have not knowingly withheld any information which, if known to the Company, would affect my application unfavorably.

If I am hired by the Company, and if the Company discovers at any time during my employment that any of the statements or answers on this application are false, misleading, or incomplete, I may be dismissed immediately from my job.

This employment application will be considered active for ninety (90) days from the date below. If I want to be reconsidered for a job with the Company after this period of time I must fill out another application.

I agree to submit to a medical examination which may include testing for drugs or alcohol prior to beginning work with the Company. I understand that if I am employed by the Company, I may be required, when job related and consistent with the Company's business needs, to undergo a medical examination or testing for alcohol. I further understand that I may be required to submit to a test for the use of illegal drugs at any time.

In consideration of my employment with the Company, I agree to abide by all the Company's rules and regulations.

I understand that nothing in this employment application creates a contract of employment between me and the Company. If I am hired by the Company, my employment and compensation are "at will," which means that my employment can be terminated, either by the Company or me, with or without cause, and with or without notice. I understand that no manager or supervisor has the authority to make any employment agreement with me, either orally or in writing, that is not an at will agreement. Only the President of the Company has the authority to enter into an employment agreement with me for any specified period of time.

I agree to release to the Company or its designated agents all medical information, including but not limited to files, reports, x-rays, evaluations, and opinions held by medical personnel, to the extent such information is job-related and consistent with the Company's business needs. I acknowledge that this is a general release and that if hired, it remains in effect for the duration of my employment.

In the event of my personal indebtedness to the Company, I authorize the Company to withhold from my wages such amounts as permitted by law to satisfy my obligation to the Company.

I give the Company my permission to conduct any investigation regarding the information contained in my employment application, which the Company thinks is necessary to determine my qualifications for assuming a job with the Company. I give the Company my permission to contact any former employer, school, college or university, utility company, credit or finance bureau or office, any personal or professional reference, or any other appropriate source or individual for the purpose of gathering any information, personal or otherwise, that such sources may have about my character, general reputation, credit, education, or employment record, and I give my consent to any such source to release to the Company whatever information they have about me. I also unconditionally release all named and unnamed sources from any and all liability which might result from furnishing any information about me.