## **APPLICATION FOR EMPLOYMENT**

(PLEASE PRINT)



## We are an Equal Opportunity Employer

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, Disability, age or ancestry.

Date:

Social Security Number:

	P	ERSONAL IN	FORMA	TION						
Name : Last		First			Middle					
Home Address - S	Street Cit	ty State			Zip Code		Telephone			
Home Address - Street		5	State		Zip Coue		reephone			
Temporary Address - Street Cit		iy State			Zip Code		Telephone			
Position (s) applying for	r:					Sala	ary/Rate Expected			
Who referred you to us for employment?		Available Start Date Available for:		le for: Ful	Ill Time Part Time Shift-Work Temporary					
Have you ever filed an	application here before?	🗌 Yes 🗌 No	Yes No If yes, when?							
Have you been employe	ed here before?	Yes No	Yes No If yes, give dates?							
			From		to					
Are you presently legally authorized to work in the United States on a full-time basis?										
EDUCATION										
	Name & Address of School	Years completed	Degre	ee	Course of St	tudy	Grade Point Average (GPA)			
Graduate School		9 10 11 12								
College/Trade School		1 2 3 4								
High School		1 2 3 4								
Other		1 2 3 4								
REFERENCES										
List references who are not relatives or former employers that you have known for at least one year.										
Name	Address	Telephone	Number Profession		sion or Position	on or Position How long				
SPECIAL SKILLS OR TRAININGS										
Please list any special skills or trainings that you have that would apply to the positions that you are applying for.										
<u> </u>										

PREVIOUS EMPLOYMENT									
Most recent first									
Dates- From Mo/Year to Mo/Year	Employer – Full name and Address	Employer Phone	Rate	Immediate Supervisor					
Nature of Duties:									
Reason for Leaving:									
Dates- From Mo/Year to Mo/Year	Employer – Full name and Address	Employer Phone	Rate	Immediate Supervisor					
	Employer – Fun name and Address	Employer Thone	Katt	inniculate Super visor					
Nature of Duties:									
Reason for Leaving:									
Dates- From Mo/Year to Mo/Year	Employer – Full name and Address	Employer Phone	Rate	Immediate Supervisor					
Nature of Duties:									
Reason for Leaving:									
Dates- From Mo/Year to Mo/Year	Employer – Full name and Address	Employer Phone	Rate	Immediate Supervisor					
Nature of Duties:									
Reason for Leaving:									
MILITARY									
Deter	Branch of Service								
Date: to	branch of Service								
Duties									
Medals or Awards									

## READ CAREFULLY BEFORE SIGNING

I understand that this application does not constitute an employment contract or an offer for employment, I further understand that if I am offered a position of employment, that my employment will be "at will," and that either I or the company may terminate the employment at any time for any reason. I also understand that no individual representative of the company, other than the president, may alter this employment relationship, either verbally or in writing. I understand that I must at all times abide by the company's rules and regulations.

I authorize the investigation of all statements contained herein and authorize the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise. I further release and agree to hold harmless the company and all parties providing information from all liability for any claim or damage that may result from furnishing such information to you.

I certify that the information I have given on this application is true and complete to the best of my knowledge and belief. I understand that any false information provided on this application or at the time of any interviews may be cause for immediate discharge.