

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:
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PERSONAL INFORMATION

Name :		Last	First	Middle
Home Address - Street		City	State	Zip Code
Telephone				
Temporary Address - Street		City	State	Zip Code
Telephone				
Position (s) applying for:				Salary/Rate Expected
Who referred you to us for employment?	Available Start Date	Available for: Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift-Work <input type="checkbox"/> Temporary <input type="checkbox"/>		
Have you ever filed an application here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, when?		
Have you been employed here before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give dates?		
		From	to	
Are you presently legally authorized to work in the United States on a full-time basis?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a criminal offense other than a minor traffic violation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when?	Where	Reason		

A conviction record will not necessarily be a bar to employment, and factors such as your age at the time of offense, the seriousness and nature of the violation, and the nature of the job for which you are applying will be taken into account.

EDUCATION

	Name & Address of School	Years completed	Degree	Course of Study	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 or Position	How long known?

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.

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

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

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.

Applicants
Signature _____

Date _____