



Employment Application

Personal Information (please print)

Name	Social Security #
Street	Phone Number ()
City	State Zip
How did you learn of this position?	

Employment Desired

Position	Date Available To Start
Work Schedule Desired <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Salary Desired
Shift (if applicable) <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Other	

Education

	Institution Name/City	Major	Dates	Degree
High School		/		
College				
Graduate School				
List any certifications or licenses you hold that may help qualify you for employment.				
List any job-related professional or technical organizations to which you belong.				

Military Service

Dates	Branch	Assignment	Final Rank	Honorable Discharge?

Skills (not all may be necessary for the position you seek)

Able to lift 50 pounds (warehouse or delivery positions)? yes no

List all computer software and hardware you can use

Typing Speed Ten-key yes no Other

Foreign Languages Spoken

Driver's License # State Type Exp. Date

Employment History (Please list all employers and periods of unemployment. Complete even if you attach a resume).

Dates	Employer	Position/Title	Supervisor
	Street		Supervisor
	City State Zip	Phone Number ()	
	Phone Number ()	Salary	Bonus
Reason For Leaving			
Dates	Employer	Position/Title	Supervisor
	Street		Supervisor
	City State Zip	Phone Number ()	
	Phone Number ()	Salary	Bonus
Reason For Leaving			
Dates	Employer	Position/Title	Supervisor
	Street		Supervisor
	City State Zip	Phone Number ()	
	Phone Number ()	Salary	Bonus
Reason For Leaving			
Dates	Employer	Position/Title	Supervisor
	Street		Supervisor
	City State Zip	Phone Number ()	
	Phone Number ()	Salary	Bonus
Reason For Leaving			

References (list three persons not related to you who have known you at least one year)

Name	Relationship
Street	
City State Zip	
Phone Number ()	Number of Years Known

Name	Relationship		
Street			
City	State	Zip	
Phone Number ()	Number of Years Known		
Name	Relationship		
Street			
City	State	Zip	
Phone Number ()	Number of Years Known		

General Information

Have you ever been released, discharged, or laid off from any position? [] yes [] no

If yes, explain.

Have you ever been convicted of a felony? (exclude any sealed or expunged convictions). [] yes [] no

If yes, explain (conviction will not necessarily disqualify).

PLEASE READ CAREFULLY, INITIAL EACH PARAGRAPH AND SIGN BELOW.

- ___ 1. If I am offered employment, I will, as a condition of employment, be required to produce sufficient documentation of my identity and right to work in the United States and to attest under penalty of perjury that the documents I have produced are genuine and relate to me pursuant to the Immigration Reform and Control Act of 1986.
- ___ 2. I understand that any false statement, misrepresentation, or omission of facts on this application or on any supporting documents, regardless of when discovered, will result in my immediate dismissal or removal of my application from consideration for employment. I certify that the information I have provided in this application is true and complete.
- ___ 3. I understand that I will be required to possess a current and valid driver's license if my job requires me to drive in the course of my work.
- ___ 4. I understand and agree that, if I am offered a position, it will be offered on condition that my employment shall be at will and for no definite period, and may be terminated by the company or myself at any time with or without cause and with or without prior notice. Nothing contained in any Policy and Procedure Manual, Employee Handbook, or other company document or communication shall be construed to alter or be inconsistent with this paragraph or to limit the company's employment rights as set forth in Section 2922 "Termination At Will" of the State of Virginia Labor Code. I understand that no supervisor or manager may alter or amend the above conditions except in writing as follows. No agreement for employment which differs from or is inconsistent with this paragraph shall be valid or enforceable unless in writing and signed by either the President of the company or the Vice President responsible for my department.
- ___ 5. If I am offered employment, I may, as a condition of employment be required to submit to and successfully complete and pass a physical examination.
- ___ 6. I further understand and agree that any employment regulated by the United States Department of Transportation is conditioned upon submission to and successful completion and passing of pre-employment, random, and for-cause screening for alcohol and illegal drugs/substances.
- ___ 7. I authorize investigation of all statements contained in this application and any supporting documents. I authorize the company to secure information about my experience from former employers, educational institutions, government agencies, or any references I have provided, and for those parties to provide information concerning my experience and I hereby release all parties from any liability arising in relation to such investigation.
- ___ 8. I hereby agree to submit to binding arbitration all legal claims arising out of the submission of this application. I further agree, in the event that I am hired by the company, that all disputes and causes of action that cannot be