



Personal Information:

Last:		First:		MI:	SSN:			
Street Address:			City:		ST:	Zip:		
Home Phone:		Mobile Phone:		Email:				
Are you legally eligible for employment in the U.S.?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you 18 or older?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Date of Birth:
What position are you applying for?				How did you hear about this position?				
Expected Hourly Rate:		Expected Weekly Earnings:			Date Available:			

Prior Work Experience:

	Current/Most Recent:		Prior:		Prior:	
Employer:						
Street Address:						
City, ST, Zip:						
Telephone:						
Name of Immediate Supervisor:						
Position/Job Title:						
Dates of Employment:	From:	To:	From:	To:	From:	To:
Pay:						
Reason for Leaving:						
May We Contact:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Education:

	Name/Location:	Last Year Completed:	Degree(s):
High School:			
College University:			
Trade School:			
Other:			
Special Skills, Training &/or Proficiencies:			

Personal References:

	Reference 1:	Reference 2:	Reference 3:
Name:			
Street Address:			
City, ST, Zip:			
Telephone:			

Disclaimer - By signing, I hereby certify that the answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I hereby authorize my former employers, educational institutions, and references to provide any and all information they may have regarding me and I hold them harmless for any real or perceived damage that information may cause me. If, upon investigation, anything contained in this application is found to be untrue, I understand that I may be subject to immediate dismissal.

ALCOHOL & DRUG POLICY - I hereby certify that I am aware that this prospective employer maintains an alcohol and drug-free workplace and that if offered a position with this employer, I may be required to take a pre-employment alcohol and drug test and that on a random basis, I may be required to submit to alcohol and drug testing and that it is the policy of this employer to test all employees involved in an on-the-job accident for the presence of alcohol and drugs. I am also aware that the offer of employment can be revoked if the result of the drug test and/or background check proves to be unsatisfactory. By signature of this Employment Application, I affirm my consent to be tested for alcohol and drug use as described above.

Print Name:	Signature:	Date:
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